No. 300
10.48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12290

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 82

0210

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK
c. LENGTH OF STAY (in this place): 6 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK 0210
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) D. c. (Last) MARTIN

4. DATE OF DEATH (Month) (Day) (Year): 4-20-1950

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2
8. DATE OF BIRTH: 4-29-1861
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK
11. BIRTHPLACE (State or foreign country): BOONE CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SILAS DAVENPORT
13b. MOTHER'S MAIDEN NAME: MARTHA PURCELL
14. NAME OF HUSBAND OR WIFE: WIDOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. H. E. CARSON — ADDRESS: BRUNSWICK MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerosis	20 yrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	30 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		447X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 17, 1950, *to* April 20, 1950, *that I last saw the deceased alive on* April 19, 1950, *and that death occurred at* 9:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Stuart, M.D.
23b. ADDRESS: Brunswick, Mo.
23c. DATE SIGNED: 4/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-22-1950
24c. NAME OF CEMETERY OR CREMATORY: ELLIOTT GROVE
24d. LOCATION (City, town, or county) (State): BRUNSWICK MISSOURI

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: 56 1
25. FUNERAL DIRECTOR'S SIGNATURE: L. Marsh — ADDRESS: Brunswick Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X—

RECEIVED MAY 2
District Health Officer No. 8,

District File Number.....

Date Filed 5/4/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed L M Meisel

Signed.....
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.