

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20891**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **572** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Hudson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>	
c. LENGTH OF STAY (in this place) <b>19-3 Mo</b>		d. STREET ADDRESS (If rural, give location) <b>215 1/2 N. Ruby</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Still-Hildreth Sanatorium</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 12, 1950</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Josephine</b> c. (Last) <b>English</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Apr. 27, 1859</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>91</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Macon, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William M. Woodt</b>		13b. MOTHER'S MAIDEN NAME <b>Marv E. Wright</b>	
14. NAME OF HUSBAND OR WIFE <b>Alonzo English</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lloyd D. Smith Macon, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Constrictive Heart Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senile Psychosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Feb. 1, 1949</b> , to <b>June 12, 1950</b> , that I last saw the deceased alive on <b>June 12, 1950</b> and that death occurred at <b>4:09 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>G. A. Morgan, D.O.</b> (Degree or title)		23b. ADDRESS <b>S. H. O. S. Macon, Mo.</b>	
23c. DATE SIGNED <b>6-12-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6/15/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Callao</b>	
24d. LOCATION (City, town, or county) (State) <b>Callao, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Skinner Macon Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-7-50</b>		REGISTRAR'S SIGNATURE <b>Keith McNeely</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-10-50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. ....7:50...134..  
Date Filed .....7-13-50.....

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.

Student .....  
Student Embalmer

Signed Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon, 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.