

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36876

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5337 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) "R" Sisson Twp.		c. LENGTH OF STAY (In this place) 75 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION: res of Cecil Peace		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sisson Twp. 0460	
		d. STREET ADDRESS (If rural, give location) Peace Valley, Mo. Rt. 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARTHA	b. (Middle) JANE	c. (Last) EBLEN	Oct. 30, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23, 1868	9. AGE (In years last birthday) 82	F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Ferguson Lin	13b. MOTHER'S MAIDEN NAME Lena McCann	14. NAME OF HUSBAND OR WIFE Francis C. Eblen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cecil Peace, Peace Valley, 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, asphyxia, 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) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal Vascular Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442K	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **June 4, 1948**, to **Oct. 30, 1950**, that I last saw the deceased alive on **Oct. 27, 1950**, and that death occurred at **10:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Richard C. Smith, D.O.	23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED Nov. 9, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 2, 1950	24c. NAME OF CEMETERY OR CREMATORY New Hope Cem.
		24d. LOCATION (City, town, or county) (State) Peace Valley, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 11-15-50 Laura Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Thompson West Plains, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Recd post office 11-17-50

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 19 1950

Dist. File 1150-2298

Date Filed 11-17-50

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 Hal Thonburgh

Licensed Embalmer No. 3408

P. O. Address West Plains

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.