

STANDARD CERTIFICATE OF DEATH

State File No. **43509**

FILED JAN 22 1951

0201

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

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		d. STREET ADDRESS (If rural, give location) <u>1203 West Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 South Main</u>							
3. NAME OF DECEASED a. (First) <u>Martha</u> (Type or Print)		b. (Middle) <u>E.</u>		c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 17, 1867</u>		9. AGE (in years last birthday) Months Days <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Virgill City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Barthlett Conner</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Buck</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. L. A. HERTZBERG, 106 S. MAIN ST., EL DORADO SPRING, MO.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inhalation of fumes</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smoking & gas</u> DUE TO (c) <u>from air & gas</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>89107</u> <u>110</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>El Dorado Springs</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>El Dorado Springs Cedar MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Dec. 26, 1950</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>fall</u>					
22. I hereby certify that I attended the deceased from <u>Dec 26, 1950</u> , to <u>Dec 30, 1950</u> , that I last saw the deceased alive on <u>12-30, 1950</u> , and that death occurred at <u>12:10 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. J. Dunaway MD</u> (Degree or title)				23b. ADDRESS <u>El Dorado Springs</u>		23c. DATE SIGNED <u>1-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Virgill City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Virgill City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JAN. 1, 1951</u>		REGISTRAR'S SIGNATURE <u>George H. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Lawrence</u>		ADDRESS <u>El Dorado Springs</u>	

(Licensed Embalmer's Signature on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 18 1951

Dist. File 151-149

Date Filed 1-18-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. W. Bialer

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

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.