

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15935

BIRTH NO.		REG. DIST. NO. <u>67</u>		PRIMARY REG. DIST. NO. <u>5261</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Christian Co</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Garrison</u>)		c. LENGTH OF STAY (In this place) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Garrison</u>		<u>0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bradleyville, Mo. R R</u>				d. STREET ADDRESS (If rural, give location) <u>Bradleyville, Mo R R 0</u>			
3. NAME OF DECEASED (Type or Print) <u>Malissia</u>		a. (First)		b. (Middle)		c. (Last) <u>Martin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 3, 1880</u>		9. AGE (In years last birthday) <u>70</u>		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) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo 0</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Martin.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Dewey Melton, Ozark, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acidosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Courtesy arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs.</u> <u>6 mos</u>	
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) <u>3533</u>			
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 <u>16 May, 1951</u> , to <u>16 May, 1951</u> , that I last saw the deceased alive on <u>16 May, 1951</u> , and that death occurred at <u>17:30 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Dewey</u> (Degree or title) <u>m.d.</u>				23b. ADDRESS <u>Ozark, Mo</u>		23c. DATE SIGNED <u>23 May 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Helen Blewins</u>		454		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. B. Chaffin Ozark Mo</u>	

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

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

RECEIVED JUN 5 1951

Dist. File 657-1286

Date Filed 6-6-57

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.