

FILED MAY 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17258

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5739 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland 06 1/2</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Laplata mo. R.R. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laplata mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>Moss</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1951</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 5 1870</u>	9. AGE (In years last birthday)	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wif</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James M. Self</u>		13b. MOTHER'S MAIDEN NAME <u>Sam E. Owens</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claudia Martin Laplata 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>20 years</u> <u>2 1/2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular renal disease</u> DUE TO (c) <u>Carcinoma (Primary) right breast</u>		
	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 <u>170 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (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 <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 5 1944 to May 10 1951, that I last saw the deceased alive on May 10 1951, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard E. Gross D.O.</u>		23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>5-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 12 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laplata</u>	24d. LOCATION (City, town, or county) (State) <u>Laplata Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-12-51</u>	REGISTRAR'S SIGNATURE <u>Edith B. Sears 186</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.S. Christie Laplata mo.</u>		

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

7610

RECEIVED 5-15-51
MACON COUNTY HEALTH DEPARTMENT
County File No. 551.78
Date Filed 5-16-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed D. S. Christie

Licensed Embalmer No. 1109

P. O. Address LaPlato, 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.