

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3219**

No. 300
10-48

FILED FEB 5 1952

BIRTH NO. _____ REG. DIST. NO. **355** PRIMARY REG. DIST. NO. **6263** Registrar's No. **1070**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Cuern		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cuern	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 3 mi N of Hartshorn	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ELIZABETH	c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) 1 22 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 15 1870	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Hours) (Min.) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Shannon Co. Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Nathan Cabbree	13b. MOTHER'S MAIDEN NAME Nancy Smith	14. NAME OF HUSBAND OR WIFE Joseph
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Florence Tyler Hartshorn	ADDRESS Hartshorn
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Degenerative Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Grade IV Cardiovascular Renal Disease DUE TO (c) Injury		
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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 10**, 1950, to **Jan 5**, 1952, that I last saw the deceased alive on **Jan 5, 1952** and that death occurred at **1:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Darius	(Degree or title)	23b. ADDRESS Houston Mo	23c. DATE SIGNED 1/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-24-52	24c. NAME OF CEMETERY OR CREMATORY Antioch	24d. LOCATION (City, town, or county) (State) Texas Co. Mo
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DATE REC'D BY LOCAL REG. Jan 29/52	REGISTRAR'S SIGNATURE Anna Roberta Daylord	25. FUNERAL DIRECTOR'S SIGNATURE Robert Elliott	ADDRESS Houston
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(Licensed Embalmer's Statement on Reverse Side)

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

70

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.