

FILED MAR 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 7077

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 39

1080

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Nevada (Rural) 1080	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) Center Twp. R.#3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Center Twp. R.#3		d. STREET ADDRESS (If rural, give location) Center Twp. R.#3	
3. NAME OF DECEASED a. (First) Martha (Type or Print)		b. (Middle) Caroline	
c. (Last) Emery		4. DATE OF DEATH (Month) (Day) (Year) February 27 1952	
5. SEX Fm	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 12 1870
9. AGE (In years) (last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 12 YRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J. W. Lynd	
13b. MOTHER'S MAIDEN NAME Arrena Copeland		14. NAME OF HUSBAND OR WIFE David J. Emery	
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 Marvin Emery		ADDRESS Nevada, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardial failure 6 months DUE TO (c) General arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
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)			
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 Feb 5 , 19 51 , to Feb 27, 1952 , that I last saw the deceased alive on Feb 22, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Raymond Pearson M.D.		23b. ADDRESS Nevada, Mo	
23c. DATE SIGNED 2/27/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 29 1952	
24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		24d. LOCATION (City, town, or county) (State) Nevada Missouri	
DATE REC'D BY LOCAL REG. 2-29-52		REGISTRAR'S SIGNATURE Arma E. Ferry 456	
25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada, Mo.	

۱۶۰۰ رستورن کورپوريشن

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 *H. B. Terry*

Licensed Embalmer No. *1160*

P. O. Address *Nevada, 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.