S. No. 300
v. 10.48

MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12568

State File No.

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 36

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location): South Stanberry St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Hutchinson b. COUNTY: Kansas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 324 West 7th. St 8150
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs. Rachel b. (Middle): Adelaide c. (Last): Marteney

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec 20 1874
9. AGE (In years last birthday): 77 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Potawotmie County Kansas
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Robert H. Dawson
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Gelbert Marteney (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Marjorie Talmadge Stanberry

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung. — INTERVAL BETWEEN ONSET AND DEATH:
complicated by x-ray.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia.
DUE TO (c) senility.
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: 16 3X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 1950, *to* April 30, 1952, *that I last saw the deceased alive on* April 30, 1952, *and that death occurred at* 8:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul C. Mussleman (Degree or title) D.O.
23b. ADDRESS: Stanberry Mo
23c. DATE SIGNED: 5-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: may 3 1952
24c. NAME OF CEMETERY OR CREMATORY: Darlow
24d. LOCATION (City, town, or county) (State): Darlow Kansas

DATE REC'D BY LOCAL REG.: May 5 - 52
REGISTRAR'S SIGNATURE: Maude Williams 462
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Lafayette Phillips Stanberry Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Larry H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stockbridge, 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.