

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15905**

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>2271</u>		Registrar's No. <u>48</u>		
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty Rural</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs 1242</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I.O.O.F. Hospital Liberty, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>701 Isley</u>				
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>			a. (First)			b. (Middle)		
<u>MARTIN</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19 1952</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 19, 1873</u>		
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>10</u>		11. DAYS <u>0</u>		12. HOURS <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>				
11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Mo. U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>J. C. Isley</u>			13b. MOTHER'S MAIDEN NAME <u>Lydian</u>			14. NAME OF HUSBAND OR WIFE <u>Rice Martin, Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iona Kneller, Lawson, 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>Cerebral Haemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u>								
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Euphalomalaria</u>						<u>2 wks</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>May 10, 1952</u> , to <u>May 19, 1952</u> , that I last saw the deceased alive on <u>May 17, 1952</u> and that death occurred at <u>7:55 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. T. Gordon M.D.</u>				23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>5/19/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 19-1952</u>		REGISTRAR'S SIGNATURE <u>Dominic Haynes, 4-D</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>				
				ADDRESS <u>2121 E. Hope, Excelsior Springs, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1243
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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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.