

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31183

State File No.

S. No. 300

LED SEP 22 1952

BIRTH NO. REC. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 51

1340

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

1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Missouri 0340					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Martin			4. DATE OF DEATH 9-2-52						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-10-72		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Crawford County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jim Vaughn			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Martin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Geo Martin</i> Ava, Mo.					
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Essential Hypertension</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arterio sclerosis</i> DUE TO (c) <i>Cerebral Hemorrhage</i> II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from 9-2-1952, to 9-2-1952, that I last saw the deceased alive on 9-2-1952 and that death occurred at 11:30 A.M. from the causes and on the date stated above.									
23a. SIGNATURE <i>W. B. A. Shumaker</i> (Degree or title)				23b. ADDRESS <i>Ava, Mo.</i>		23c. DATE SIGNED <i>Sept 6 1952</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-6-52		24c. NAME OF CEMETERY OR CREMATORY Souder		24d. LOCATION (City, town, or county) (State) Souder, Missouri			
DATE REC'D BY LOCAL REG. 9-19-52		REGISTRAR'S SIGNATURE <i>Vestal B. Shumaker</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clinkingbeard</i> ADDRESS <i>Funeral Home, Ava, Mo.</i>					

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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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon 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.