

S. No. 1007  
V. 10.48

OCT 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34021

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 126	
1. PLACE OF DEATH a. COUNTY <u>Cernon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, with BURIAL and give township) <u>Washburn Mo</u>		c. LENGTH OF STAY (In this place) <u>0-1-7</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>714 Fairfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hosp # 3</u>				3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>-</u> c. (Last) <u>Garland</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-52</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>Unknown</u>		9. AGE (In years last birthday) <u>63</u>		10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>unk.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>		13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	
14. NAME OF HUSBAND OR WIFE <u>unk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hooper Records</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>psoriasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7-day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (Min.)		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>Aug 11</u> , 19 <u>52</u> , to <u>Sept 18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 16</u> , 19 <u>52</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. O. Heintz</u> (Degree or title)				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>9/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 21 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>Uma E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Klingner Funeral Home</u>		ADDRESS <u>Springfield Mo</u>	

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

**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 *Greg F. Melator* \_\_\_\_\_

Licensed Embalmer No. 4803 \_\_\_\_\_

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.