

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27494**

FILED JUL 28 1953
BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vermon</u>				
b. CITY OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Nevada, Mo</u> <u>1082</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barber Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>319 W. Walnut</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>S.</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26-1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 19-1869</u>		
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>5</u>		11. DAYS <u>7</u>		12. IF UNDER 14 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Operator - Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clare County, MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			13a. FATHER'S NAME <u>James Disney</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Disney</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Martin</u> ADDRESS <u>Nevada, 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 Hemorrhage.</u> INTERVAL BETWEEN ONSET AND DEATH <u>June 26/53</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vermon Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>				
22. I hereby certify that I attended the deceased from <u>3/6</u> , 19 <u>51</u> , to <u>6/26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/26</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Hays</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>7-20/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Vermon Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-23-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen V. Hays Nevada, Mo.</u>				

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. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Wade, 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.