

STANDARD CERTIFICATE OF DEATH

State File No. **27685**

FILED **AUG 26 1953** REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **4034** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) HUME		c. CITY (If outside corporate limits, write RURAL and give township) HUME	
c. LENGTH OF STAY (in this place) 16 MONTHS		d. STREET ADDRESS (If rural, give location) 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION 0	

3. NAME OF DECEASED (Type or Print) a. (First) **MARY** b. (Middle) **PARILL** c. (Last) **MARTIN.** 4. DATE OF DEATH (Month) (Day) (Year) **AUGUST-18-1953.**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **JULY-13-1870** 9. AGE (In years last birthday) **83** 10. (If under 1 year) Months **1** 11. (If under 1 hr.) Days **5** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE.** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME.** 11. BIRTHPLACE (City and State or Foreign Country) **ROGERS ARKANSAS.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **WILLIAM H. LEWIS** 13b. MOTHER'S MAIDEN NAME **CHARITY GRAHM.** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Martha Tauber-Hume, Mo.** ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **Months**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **mitral Insufficiency** **1 yr**

DUE TO (c) **Atherosclerosis** **5 yrs**

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 **4201** 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) 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 **Aug 18** 19**53** to **Aug 18** 19**53** that I last saw the deceased alive on **Aug 15** 19**53** and that death occurred at **LR 34** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Wm. H. Allen, M.D.** 23b. ADDRESS **Hume Mo** 23c. DATE SIGNED **Aug 18, 1953**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **AUG 19 1953** 24c. NAME OF CEMETERY OR CREMATORY **ROGERS ARKANSAS.** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **Aug 19 1953** REGISTRAR'S SIGNATURE **Fern H. Martin** 19-0 25. FUNERAL DIRECTOR'S SIGNATURE **Booth Funeral Serv. Rich Hill Mo** ADDRESS

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 John I Underwood
Licensed Embalmer No. 2585
P. O. Address Butler, 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.