

13029

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10.48

FILED APR 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>298</u>		PRIMARY REG. DIST. NO. <u>6024</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Ray County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SULLIVAN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vibbard</u>		c. LENGTH OF STAY (in this place) <u>5 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VILLEMONS</u>		d. STREET ADDRESS (If rural, give location) <u>NO. NUMBER 1050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vibbard Mo</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Susan</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1954</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 26 1870</u>			
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>3</u>		10. DAYS <u>22</u>		9. AGE (In years if UNDER 1 YEAR if UNDER 12 HRS. last birthday) Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Pollock Mo. Sullivan County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Eugene Davis</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Howard</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adriaan W. Abbott</u>		ADDRESS <u>Vibbard 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				DUPLICATE				<u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>								<u>years</u>	
DUE TO (c) <u>arteriosclerosis</u>								<u>years</u>	
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 <u>391 X</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) m.		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>4/16</u> , 19 <u>54</u> , to <u>4/18/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/16/54</u> , 19 <u>54</u> , and that death occurred at <u>2:00p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. D. Excelsior Springs, Mo.</u> (Degree or title)				23b. ADDRESS				23c. DATE SIGNED <u>4/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>APRIL 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scrub Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 19 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Hope</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Ex Spgs Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

27.6001V

W. B. W.

**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 Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Exeter, N.H.

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.