

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29527

BIRTH NO.		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6121		Registrar's No. 294	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree, Mo		c. LENGTH OF STAY (If in this place) 61 Yrs		c. CITY OR TOWN Birch Tree, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. None				e. STREET ADDRESS (If rural, give location) Rural 1010			
3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Estelle c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) Aug 14th 1954				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH March 6th 1893	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching		11. BIRTHPLACE (City and State or Foreign Country) Shannon County Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. L. Martin			13b. MOTHER'S MAIDEN NAME Geneva Payne		14. NAME OF HUSBAND OR WIFE None		
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Martin Birch Tree, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Operated at Baptist Hospital St Louis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION Aug-54		19b. MAJOR FINDINGS OF OPERATION Cancer - 1				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) 15-61			
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 Aug 12, 1954 to Aug 14, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. L. Davis M.D.				23b. ADDRESS Birch Tree Mo		23c. DATE SIGNED 9/10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 16 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo		
DATE REC'D BY LOCAL REG. 9-13-54		REGISTRAR'S SIGNATURE Mable R... 447		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 14

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.....  
Signature of Student Embalmer

Signed *John B. Luman*.....  
Licensed Embalmer No. *432*.....

P. O. Address *G. F. View*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.