

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29670

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6276</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City - Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>1 1/2 mile West of Grant City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home OF Daughter</u>				d. STREET ADDRESS (If rural, give location) <u>Rural - Union - 6276</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martha</u>		b. (Middle) <u>Alberta</u>		c. (Last) <u>Duley</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>29</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 16 - 1879</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>6</u>	11. DAYS <u>13</u>	12. IF UNDER 1 MRS. Hours <u>1</u> Min. <u>1</u>
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>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Levi Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Powers</u>		14. NAME OF HUSBAND OR WIFE <u>Sherman Duley</u>			
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>Nellie Dayton Grant City 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES <u>Femoral embolus, lt</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2hrs</u> <u>1week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>454 X</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) 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 _____, 19 <u>52</u> , to July <u>29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 29</u> , 19 <u>54</u> , and that death occurred at <u>6 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Matteson Smo</u>		(Degree or title) <u>0</u>		23b. ADDRESS <u>Grant City, Mo</u>		23c. DATE SIGNED <u>7-31-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 31 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Vernon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>August 13 - 1954</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		345- <u>John Anderson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1954

### 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 \_\_\_\_\_

John Andrews Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed John Andrews  
Licensed Embalmer No. 4211

P. O. Address Grant City 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.