

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29980**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **267**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY OR TOWN Fulton 5	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Days		e. STREET ADDRESS (If rural, give location) R.F.D. 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital		0140/1	
3. NAME OF DECEASED (Type or Print) a. (First) Tessie Mae b. (Middle) Martin c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 20, 1913
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flour Lady	11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME George Giboney	
14. MOTHER'S MAIDEN NAME Josie Rogers		15. NAME OF HUSBAND OR WIFE Daniel S. Martin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. SOCIAL SECURITY NO. 493-01-1743	
18. INFORMANT'S SIGNATURE OR NAME Daniel S. Martin		19. ADDRESS Fulton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism with knowledge of Basilar involvement		INTERVAL BETWEEN ONSET AND DEATH 39 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease DUE TO (c)		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	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 Aug, 1948, to 9/17, 1954, that I last saw the deceased alive on 9/17, 1954, and that death occurred at 3:31 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George T. Wood M.D.	23b. ADDRESS 614 Market St. Fulton Mo.	23c. DATE SIGNED 9/17/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 18, 54	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State) Fulton, Mo.		

DATE REC'D BY LOCAL REG. Sept 19-1954	REGISTRAR'S SIGNATURE Margaret Lawrence 426-0	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home	ADDRESS Fulton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 15 1958

MAY 22 1956

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 *Denzil C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fiddlers*.....

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.