No. 300
10-48

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41599

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 3037 Registrar's No. 23

0550
4

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. VERNON
c. LENGTH OF STAY (In this place): 8 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SMART REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAWRENCE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LINCOLN 0550 0
d. STREET ADDRESS (If rural, give location): N. E. MT. VERNON MO. 0

3. NAME OF DECEASED (Type or Print)
a. (First): NYE
b. (Middle): ARAH
c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): DEC. 21 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE-16-1882
9. AGE (In years last birthday): 72 — If under 1 year: Months 6, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEKEEPING
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS KELLEY
13b. MOTHER'S MAIDEN NAME: RUTH AUSTIN
14. NAME OF HUSBAND OR WIFE: ARTHUR MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: IRA MARTIN
ADDRESS: MILLER MO RI

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) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

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

DUE TO (b) Chronic Pulmonary Congestion & Mitral Stenosis — 1 Year
DUE TO (c) Inactive Rheumatic Fever — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis & Incontinence — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 416X
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) m.
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* June 11, 1952, *to* Dec 21, 1954, *that I last saw the deceased alive on* Dec 21, 1954, *and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold E. Gray (Degree or title) DO
23b. ADDRESS Mt Vernon Mo
23c. DATE SIGNED Dec 21 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-23-54
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT GROVE CEMETERY
24d. LOCATION (City, town, or county) (State): 8 MI. EAST MILLER MO.

DATE REC'D BY LOCAL REG.: 12-24-54
REGISTRAR'S SIGNATURE: Cecil Hendrickson
25. FUNERAL DIRECTOR'S SIGNATURE: H D Fossett
ADDRESS: Mt Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1955

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student ..... Student Embalmer

Signed W D Forsette

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Me

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.