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FILED MAR 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44380**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **905**

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b> <b>0542</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEXINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township): <b>0540</b> OR TOWN <b>RUITAL FREEDOM TWP 0</b>	
c. LENGTH OF STAY (in this place) <b>6 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>Hiway 40</b> <b>3 MI WEST CONCORDIA, MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>ELLA</b>			a. (First) <b>ELLA</b>			b. (Middle) <b>MARTH</b>			c. (Last) <b>MARTH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 29 1954</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>APRIL 4, 1894</b>			9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Month Days		IF UNDER 1 M. OR 1 Wks. Hours Mts.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>HOME WORK</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>EMMA, MO</b>				12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>HENRY FRICKIE</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA LANGST</b>			14. NAME OF HUSBAND OR WIFE <b>OTTO H. MARTH</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>No</b>			17. INFORMANT'S SIGNATURE OR NAME <b>OTTO H. MARTH</b> ADDRESS <b>CONCORDIA, MO</b>		

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) <b>Cerebral embolism</b>		DUE TO (b) <b>Arricular fibrillation</b>						<b>5 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Myocarditis, subacute</b>						<b>1 mo</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>1 mo</b>	

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) (Min)		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 5, 1952**, to **Dec. 29, 1954**, that I last saw the deceased alive on **Dec 28, 1954**, and that death occurred at **2<sup>00</sup>** A.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>Concordia, Mo</b>			23c. DATE SIGNED <b>12/29/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 1, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST PAULS</b>		24d. LOCATION (City, town, or county) (State) <b>CONCORDIA MO</b>		

DATE RECORDED BY LOCAL REG. <b>2-26-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Concordia, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 E. L. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.