

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3713

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>		c. LENGTH OF STAY (in this place) <u>33 yrs</u>	c. CITY OR TOWN <u>Potosi</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>102 Mill St</u>		e. STREET ADDRESS (If rural, give location) <u>102 Mill St. 1100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Lavina</u> c. (Last) <u>Whitby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1955</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>Aug 3 1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wif</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Fassar</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Bert Cron</u> ADDRESS <u>Potosi 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, asthma, 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) <u>ARTERIO SCLEROSIS</u>		<u>12 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) _____		<u>1 hour</u>
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 <u>4201</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) _____	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 JULY, 1952, to JANUARY, 1955 that I last saw the deceased alive on Jan. 10, 1955, and that death occurred at 7-40 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leland H. Lake</u> (Degree or title) <u>Do.</u>	23b. ADDRESS <u>Potosi, Missouri</u>	23c. DATE SIGNED <u>Jan. 14, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Potosi Masonic Cem</u>
24d. LOCATION (City, town, or county) <u>Potosi Mo.</u>		(State) _____

DATE REC'D BY LOCAL REG. <u>1-14-55</u>	REGISTRAR'S SIGNATURE <u>Helen K. Rudall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>Potosi Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 18

WASH. COUNTY HEALTH DEPT.

File No. _____

JAN 18 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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Murphy Sparks*

Licensed Embalmer No. *4256*

P. O. Address *Flat River, Ind.*

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.