

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5582

State File No. 2.10

BIRTH NO. _____ REG. DIST. NO. 5769 PRIMARY REG. DIST. NO. _____ Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Mercer 0650

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Mercer

b. CITY (If outside corporate limits, write RURAL and give township) Lindley Twp
c. LENGTH OF STAY (in hospital) 30 yrs

c. CITY OR TOWN Lindley twp
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

STREET ADDRESS (If rural, give location) 0650

3. NAME OF DECEASED
a. (First) Martha b. (Middle) A. c. (Last) Bain

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 55

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH 6-11-1871

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. 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

11. BIRTHPLACE (City and State or Foreign Country) Trenton, Mo 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Johnson

13b. MOTHER'S MAIDEN NAME Amanda Casteel

14. NAME OF HUSBAND OR WIFE Edna Bain Princeton, MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Bain Princeton, MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) aspiration pneumonia

INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute indigestion-aspirated emesis into lung

39 hrs.

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 491 X

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)

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 3-7-55, 19, to 3-8-55, 19, that I last saw the deceased alive on 3-8-55, 19, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE Deyon L. Cattel (Degree or title) D.O.

23b. ADDRESS Princeton Missouri

23c. DATE SIGNED 3-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3-11-55

24c. NAME OF CEMETERY OR CREMATORY Middlepoint

24d. LOCATION (City, town, or county) (State) Mercer Co., Mo

DATE REC'D BY LOCAL REG. 3-11-55

REGISTRAR'S SIGNATURE Noel Moss 393-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, Mo

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold T. Mason*.....

Licensed Embalmer No. *263*.....

P. O. Address *Princeton*.....

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.