

0.300
0.48

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26716

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Webb City
c. LENGTH OF STAY (in this place) 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 N. Pennsylvania Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 310 N. Pennsylvania Ave. 0492

3. NAME OF DECEASED (Type or Print)
a. (First) Laura b. (Middle) Martin c. (Last) Martin
4. DATE OF DEATH (Month) (Day) (Year) August 24, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Apr. 10, 1872 9. AGE (In years) (Last birthday) 85 IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Day 14 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) Ill. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard Palmeateer 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE _____

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Ethel Scott 18. ADDRESS Webb City, Mo. Pennsylvania Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis and
DUE TO (c) Hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X
INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 Nov 8, 1951, to August 24, 1955, that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ M.D. 23b. ADDRESS 110 N. Webb St. Webb City, Mo. 23c. DATE SIGNED 8-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-26-55 24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery 24d. LOCATION (City, town, or county) Nashville, Missouri (State)

DATE REC'D BY LOCAL REG. 8-26-55 REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 474 25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Webb City, Mo. ADDRESS

(Licensed Embalmer - Statement on Reverse Side)

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

County File Number 55-8.592
Date Filed AUG 29 1955
Health Office

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 Jack C. Simpson
Licensed Embalmer No. 464
P. O. Address Webb City

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.