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FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32160**

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY OR TOWN Lamar	c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN Liberal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		f. STREET ADDRESS (If rural, give location) 2060	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA ANDERSON (MATTIE) b. (Middle) SCHOPFLIN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1955			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 13 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR 10 Days	IF UNDER 4 HRS. 18 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 Own home	11. BIRTHPLACE (City and State or Foreign Country) Bowling Green, Ky.	12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME William J. Holland	13b. MOTHER'S MAIDEN NAME Harriett E. Ellaman	14. NAME OF HUSBAND OR WIFE Joseph R. Schopflin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) xxx No	16. SOCIAL SECURITY NO. XXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Miss Hazel McKay, Liberal, Missouri	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____ 153X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension; Chronic Glomerulonephritis;			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from **10-23**, 19**55**, to **10-31**, 19**55**, that I last saw the deceased alive on **10-30**, 19**55**, and that death occurred at **12:38am**, from the causes and on the date stated above.

23a. SIGNATURE Thomas Leavelle	(Degree or title) M.D.	23b. ADDRESS 1204 Kelly St - Lamar, Mo.	23c. DATE SIGNED 10-31-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 3 1955	24c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery	24d. LOCATION (City, town, or county) (State) Liberal, Missouri
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DATE REC'D BY LOCAL NOV 3 - 1955	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Konantz	ADDRESS Konantz Funeral Home, Lamar, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1955

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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.....
Carl H. Hananty

Licensed Embalmer No... 775

P. O. Address... *Hammer*

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.