

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36266**

No. 300
10.48

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. **#67** PRIMARY REG. DIST. NO. **5261** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bradleyville	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bradleyville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0220	
3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Arrena c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1955	
5. SEX F m.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 6, 1873
9. AGE (In years last birthday) 82	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home	11. BIRTHPLACE (City and State or Foreign Country) Christian Co., Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jeremiah Hall	13b. MOTHER'S MAIDEN NAME Rebecca	14. NAME OF HUSBAND OR WIFE A. J. Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. J. Martin Bradleyville, Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, very severe DUE TO (c) Fracture of left femur 1 mo ago II. OTHER SIGNIFICANT CONDITIONS Fracture of left femur 1 mo ago Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201F	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) m.
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 10 Feb , 19 49 , to 14 Nov , 19 53 , that I last saw the deceased alive on 14 Nov , 19 53 , and that death occurred at 9:11 m. , from the causes and on the date stated above.
23a. SIGNATURE (Degree or title) J. D. Ryan M.D.	23b. ADDRESS Osark, Mo	23c. DATE SIGNED 17 Nov 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-17-55	24c. NAME OF CEMETERY OR CREMATORY Martin	24d. LOCATION (City, town, or county) (State) Bradleyville, Mo.
DATE REC'D BY LOCAL REG. Nov 26, 1955	REGISTRAR'S SIGNATURE Nannie Day	507	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chinkinghead Funeral Home

(When used Embalmer's Statement on Reverse Side)

Ava MO

WRITE PLAINLY—USING UNFAADING 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 *Charles R. Fisk*.....

Licensed Embalmer No. *466*.....

P. O. Address *Avon, Mass.*.....

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.