

No. 300
10.48

FILED JAN 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41693

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 588

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY OR TOWN Doniphan		c. CITY OR TOWN Doniphan	
c. LENGTH OF STAY (in this place) years		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 202 Jackson St.		e. STREET ADDRESS (If rural, give location) 202 Jackson St.	

3. NAME OF DECEASED (Type or Print) MARTHA	a. (First)	b. (Middle) C.	c. (Last) YOUNG	4. DATE OF DEATH Nov. 19, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 11, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0 Days 8	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ira Forrest	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Hoefler	ADDRESS Doniphan, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6-7-55
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x		

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) (m.)	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 Nov 12 1955 to Nov 19 1955, that I last saw the deceased alive on Nov 12 1955, and that death occurred at 8 AM, from the causes and on the date stated above.

23a. SIGNATURE Clifford G. Hoefler M.D.	23b. ADDRESS Doniphan Mo	23c. DATE SIGNED 11/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/21/1955	24c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery	24d. LOCATION (City, town, or county) (State) Doniphan, Missouri
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DATE REC'D BY LOCAL REG. 1-9-56	REGISTRAR'S SIGNATURE DR Johnston	25. FUNERAL DIRECTOR'S SIGNATURE 277- Edwards Funeral Home	ADDRESS Doniphan, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5910

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 *Gene Harrents*.....

Licensed Embalmer No. *4802*

P. O. Address *Doniphan*.....

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.