

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY OR TOWN <u>Downing</u>	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 <u>Laughlin Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Vest Twp. 09901</u>	
3. NAME OF DECEASED a. (First) <u>Sevilla</u> b. (Middle) <u>Edith</u> c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 23 - 76</u>
9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u> IF UNDER 24 HRS. Hours <u>Min.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lancaster, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Henry Fogleson</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Helen Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Lon Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Russell J. Reed</u>		ADDRESS <u>Lancaster, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lobar Pneumonia</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		18 days	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Dec 22, 1955</u> , to <u>Jan 7, 1956</u> , that I last saw the deceased alive on <u>Jan 7, 1956</u> and that death occurred at <u>1:18 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. T. Rhoads, M.D.</u>		23b. ADDRESS <u>Kirkville, Mo.</u>	
23c. DATE SIGNED <u>1-8-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lancaster, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>More Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>1-10-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
ADDRESS _____		ADDRESS <u>Downing, Mo.</u>	

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 *Neal Payne*.....

Licensed Embalmer No. *2550*.....

P. O. Address *Memphis*.....

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.