

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2264

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give town) SEDALIA		c. CITY OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>		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 BOTHWELL Hospital		e. STREET ADDRESS (If rural, give location) 1204 W. 11th	
3. NAME OF DECEASED a. (First) NELLIE b. (Middle) ETHEL c. (Last) MARTIN		4. DATE OF DEATH (Month) (Day) (Year) JAN. 29 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 6, 1889
9. AGE (In years last birthday) 65		10. MONTHS 	11. DAYS
10a. USUAL OCCUPATION (Give kind of work denaturing most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) 2 mi S. CLARKSBURG, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME TIRA J. ROBERTSON	
13b. MOTHER'S MAIDEN NAME MARY M. WILLIAMS		14. NAME OF HUSBAND OR WIFE WILLIAM G. MARTIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME William G. Martin		ADDRESS Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Co. of Sigmund DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 2 pm 7:35 pm	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-29, 1956 , to 1-29, 1956 , that I last saw the deceased alive on 1-29, 1956 , and that death occurred at 7:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Boyer MD		23b. ADDRESS Sedalia Mo	
23c. DATE SIGNED 1-30-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 1, 1956	
24c. NAME OF CEMETERY OR CREMATORY CLARKSBURG		24d. LOCATION (City, town, or county) (State) CLARKSBURG, MO	
DATE REC'D BY LOCAL REG. Feb 1-1956		REGISTRAR'S SIGNATURE Laura Cooney, Epist	
25. FUNERAL DIRECTOR'S SIGNATURE Richard D. Conn-Lipton, Mo.		ADDRESS 	

WRITE PLAINLY—USING UNFADING 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..... *Richard D. Conn*

Licensed Embalmer No. *470*

P. O. Address *Leptoy, Mo*

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.