

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3546**BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter Liberty Twp.		c. LENGTH OF STAY (in this place) 2 WKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. S. S. Davis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma,	
		d. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Ann	c. (Last) Kirkland	4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1956
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5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 25, 1881	9. AGE (In years last birthday) 74	# UNDER 1 YEAR			
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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 - - - -	11. BIRTHPLACE (City and State or Foreign Country) Conway County Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jack Williams	13b. MOTHER'S MAIDEN NAME Janie Cozarr	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or Unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. - - - -	17. INFORMANT'S SIGNATURE OR NAME Elmer J. Kirkland ADDRESS Charter Oak, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mys Carditis et Hypertension DUE TO (c) 332X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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 **Jan 1st 1956**, to **Jan 13th 1956**, that I last saw the deceased alive on **Jan 13th 1956**, and that death occurred at **79** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. S. Davis M.D.	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 1-13-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-56	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Morrilton, Ark. Route 1
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DATE RECD BY LOCAL REG. 1-16-56	REGISTRAR'S SIGNATURE W. J. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons Fun Ser ADDRESS Parma, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING INK—NEADING BLACK

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
Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dallas Tex

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 this body is not embalmed, fact should be so stated above.