No. 300
10.48

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

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5972

State File No.

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellington Rural-Twp
c. LENGTH OF STAY (in this place) 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Reynolds
c. CITY OR TOWN Ellington
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 0900

3. NAME OF DECEASED (Type or Print)
a. (First) Alice b. (Middle) Alvina c. (Last) Martin

4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 56

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH June 28, 1864
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 7 Days 15 IF UNDER 24 HRS. Hours Min.

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) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Evan Baker
13b. MOTHER'S MAIDEN NAME Sarah Renfro
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Retta Williams ADDRESS Ellington

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) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs
DUE TO (c) senility — 10 yrs

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 4221
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 3, 1956, *to* Feb 13, 1956, *that I last saw the deceased alive on* Feb 13, 1956 *and that death occurred at* 8:06 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth T Carter (Degree or title) M.D.
23b. ADDRESS Ellington Mo
23c. DATE SIGNED Feb 14/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-15-56
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) Ellington (State) Mo

DATE REC'D BY LOCAL REG. 2/20/56
REGISTRAR'S SIGNATURE Fossie Evans 276
25. FUNERAL DIRECTOR'S SIGNATURE Chas S. Leavitt ADDRESS Ellington

(Licensed Embalmer's Statement on Reverse Side)

Received 2-24-56
Reynolds County Health
File No. 256 - 12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. S. Pearth

Licensed Embalmer No. 4579

P. O. Address Ellington,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.