

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13740

State File No.

FILED MAY 8 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Webb City, Missouri</u>	c. LENGTH OF STAY (in this place township) <u>2 months</u>	c. CITY OR TOWN <u>Carthage, Mo.</u>	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 <u>21 S. Orongo St.</u>		e. STREET ADDRESS (If rural, give location) <u>Colonial Apts.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Abba</u>	b. (Middle) <u>Irene</u>	c. (Last) <u>Martin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec. 8, 1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Office</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Webb City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marshall Martin</u>	13b. MOTHER'S MAIDEN NAME <u>No DATA</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>490-10-1462</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Riley Martin</u> ADDRESS <u>Webb City, Mo</u>
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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 <u>5 MO.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal disease</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Thrombosis Jan 56</u>		Dec. 55	

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) (Min.)	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 1-31-56, 1956, to 5-1-56, 1956, that I last saw the deceased alive on 5-1-56, 1956, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Am. Ferguson</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Webb City, Mo</u>	23c. DATE SIGNED <u>May 4/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-4-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnee-Simpson</u> ADDRESS <u>Mortuary</u>
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(Licensed Embalmer's Statement on Reverse Side)

Webb City, Mo.

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

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RECEIVED MAY 1956

Spencer County Health Office

County File Number 56-5-376

Date Filed MAY 5 1956

JAN 29 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Hiram E. Bruce* _____

Licensed Embalmer No. 446

P. O. Address *Wald City*

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