

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21005
STATE FILE NUMBER

FILED JUL 10 1956

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside, corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>R.R. #5</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. -FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center, 4 days</u>		Length of stay in lb	d. STREET ADDRESS <u>R.R. #5</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>JANE</u> Last <u>SMITH</u>			4. DATE OF DEATH <u>June 27th, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 23rd, 1915</u>	9. AGE (In years last birthday) <u>41</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 <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Nuel Brown</u>			14. MOTHER'S MAIDEN NAME <u>Eddie Connard,</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>49I-36-774I</u>	17. INFORMANT Address <u>Frank Smith, R.R. #5, Warrensburg, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure, Acute (Shock) 48 hrs</u>					INTERVAL BETWEEN DEATH AND EXAMINATION <u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Toxic Thyroid with operative intervention</u>					
DUE TO (c) <u>Hypertension (Diastolic)</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Hypertension (Diastolic)</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u> </u> to <u>6-27-1956</u> and last saw her <u>him</u> alive on <u>6-27-1956</u> Death occurred at <u>Eleven A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>[Signature]</u>			22b. ADDRESS <u>M.D. Warrensburg, Mo.</u>		22c. DATE SIGNED <u>6-27-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-27-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jacoby Chapel Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Johnson County, Mo.</u>
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>June 27, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

CITY
STATE
COUNTY

RECEIVED
JUL 2 1956
JOHNSON COUNTY HEALTH DEPT.

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 *W.A. Bauninger*
Licensed Embalmer No. 3

P. O. Address *Warrens*

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