

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **42372**

No. 300  
10-48

**FILED DEC 17 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **305**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). -- a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	c. LENGTH OF STAY (in this place) <b>50 Yrs.</b>	c. CITY OR TOWN <b>Sedalia</b>	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 <b>1403 East 13th., St.</b>		e. STREET ADDRESS (If rural, give location) <b>1403 East 13th., St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>A.</b> c. (Last) <b>MARTIN</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>December 8, 1956</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 17, 1871</b>	<b>9. AGE</b> (In years last birthday) <b>85</b>	* IF UNDER 1 YEAR Months Days * IF UNDER 2 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Benton County, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Not Known</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Not Known</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John A. Martin</b>		
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Fryn Smith, 819 East 9th, Sedalia, Mo.</b>		
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardio Vascular Collapse</b>		<b>ANTECEDENT CAUSES</b> <b>Starvation (Gradual)</b>			<b>2 Mos.</b>
<b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		<b>DUE TO (b)</b> <b>Total Obstruction common Bile Duct</b>			<b>2 Mos.</b>
<b>DUE TO (c)</b> <b>Myocardial Degeneration</b>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>586X</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** Feb. 28, 1956, **to** Dec. 8, 1956, **that I last saw the deceased alive on** Dec. 8, 1956, **and that death occurred at** 5:22 A. m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>W. H. Willbur</i>	<b>(Degree or title)</b> <b>D.D.</b>	<b>23b. ADDRESS</b> <b>1709 W Broadway Sedalia</b>	<b>23c. DATE SIGNED</b> <b>12/10/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>12/10/1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Crown Hill Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Sedalia, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>12-10-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Lorna Cooney Deputy</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>W. H. Beckert</i>	<b>ADDRESS</b> <b>Sedalia, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
GILLESPIE TUNNEYAL TOWNE

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**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 *Russell C. Maag*.....

Licensed Embalmer No. *480*.....

P. O. Address *Sedalia*.....

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.