

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13672**

FILED APR 30 1957

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5577** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY JASPER-- Jasper Township		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OPOLIS, KAN. R.F.D. # 1		c. LENGTH OF STAY (In this place) 75 YEARS	c. CITY OR TOWN OPOLIS, KAN. R.F.D. # 1
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1 MILE EAST OF OPOLIS, KAN.		e. STREET ADDRESS (If rural, give location) 1 MILE EAST OF OPOLIS, KAN.	

3. NAME OF DECEASED (Type or Print) a. (First) ORA	b. (Middle) (NMI)	c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) APRIL, 18, 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG-8-1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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 HOME	11. BIRTHPLACE (City and State or Foreign Country) EVANSVILLE, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME GEORGE GOAD	13b. MOTHER'S MAIDEN NAME ANN McCOOL	14. NAME OF HUSBAND OR WIFE CHARLES WESLEY MARTIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CHARLES WESLEY MARTIN, OPOLIS, KAN. R.R. 1	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis		
	DUE TO (c) Arteriosclerosis!		
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 331X	20. AUTOPSY? 2 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)	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 **Sept 23, 1955**, to **April 18, 1957**, that I last saw the deceased alive on **April 12, 1957**, and that death occurred at **11:00a** m., from the causes and on the date stated above.

23a. SIGNATURE L. Ellis	(Deceased title) Dr.	23b. ADDRESS Coffeytown, Mo	23c. DATE SIGNED 4/19/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE APRIL-20-1957	24c. NAME OF CEMETERY OR CREMATORY CROCKER CEMETERY	24d. LOCATION (City, town, or county) (State) CHEROKEE COUNTY KANSAS
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DATE REC'D BY LOCAL REG. 4-21-57	REGISTRAR'S SIGNATURE Mrs. Madeline Sinter	25. FUNERAL DIRECTOR'S SIGNATURE W. E. ELLSWORTH	ADDRESS PITTSBURG KANSAS.
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(Licensed Embalmers Statute on Reverse Side)

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

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County File Number 57-1-344
Date Filed APR 29 1957

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 *Lena Currie*

Licensed Embalmer No. 2048

P. O. Address *Pittsburg, Mo.*

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.