

Health, Welfare  
Public Service

FILED JUL 8 1957

STANDARD CERTIFICATE OF DEATH

20894  
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Waverly</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Waverly</u>	
b. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> 0460 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>Waverly</u>		d. STREET ADDRESS <u>Fairview Etc</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Martha M. Du Bois</u>			4. DATE OF DEATH Month Day Year <u>6-30-57</u>			
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-30-1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>Waverly, Mo.</u>	11. BIRTHPLACE (City and State and country) <u>Waverly, Mo., U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph King</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Stagle</u>	13c. NAME OF HUSBAND OR WIFE <u>V.E. Du Bois</u>
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>INFORMANT</u>	Address <u>V.E. Du Bois, West Plains, Mo</u>

18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u>
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		
DUE TO (c) <u>4200</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DIABETES Mellitus ; SENILITY.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u>---</u>
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20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>
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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.) <u>---</u>	20f. CITY, TOWN, OR LOCATION <u>---</u>	COUNTY <u>---</u>	STATE <u>---</u>
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21. I attended the deceased from <u>Sept 7, 1926</u> and last saw her alive on <u>6-22-57</u> Death occurred at <u>8:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Jack Miller M.D.</u> (Degree or title)	22b. ADDRESS <u>West Plains, Mo</u>	22c. DATE SIGNED <u>7-2-57</u>
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23a. BURIAL, CREMATION, REPOSE (Specify) <u>---</u>	23b. DATE <u>7-3-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Waverly</u>	23d. LOCATION (City, town, or county) (State) <u>Waverly, Mo.,</u>
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24. FUNERAL DIRECTOR <u>Robertson Mortuary</u> ADDRESS <u>Mo 7-6-57</u>	25. DATE RECD. BY LOCAL REG. <u>7-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. J. Roberts* .....

Licensed Embalmer No. *3432* .....

P. O. Address *1111 N. Main* .....

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.