

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
25579Registration District No. 267 Primary Registration District No. 4396 Registrar's 2036

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) Wardell		c. CITY OR TOWN Wardell	
c. FULL NAME OF (If NOT in hospital, give location) Broadway, St.		d. STREET ADDRESS (If outside, give location) Broadway, St.	
Length of stay in lb 55 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)
First **Martha** Middle **Josephine** Last **Allison** 4. DATE OF DEATH Month **July** Day **31** Year **1957**5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **3-14-1872** 9. AGE (In years last birthday) **85** IF UNDER 1 YEAR Months **0** Days **0** IF UNDER 24 HRS. Hours **0** Min. **0**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House-Wife** 10b. KIND OF BUSINESS OR INDUSTRY **X** 11. BIRTHPLACE (City and state or country) **Columbia, Tenn.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**13. FATHER'S NAME **Robert L. Cheek** 14. MOTHER'S MAIDEN NAME **Unknown**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **X** 17. INFORMANT **Ocie Crabtree** Address **Wardell, Mo.**18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arteriosclerotic heart disease**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) **Nephrosclerosis** 4 200
INTERVAL BETWEEN ONSET AND DEATH **4 years**19. WAS AUTOPSY PERFORMED? YES NO 2
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 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 **Jan 1955** to **July 31 1957** and last saw her alive on **July 30 1957**
Death occurred at **8:00 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title) **Daniel B. Henneley MD** 22b. ADDRESS **Box 296 Wardell** 22c. DATE SIGNED **8/1/57**23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8-2-57** 23c. NAME OF CEMETERY OR CREMATORY **Wardell Cemetery** 23d. LOCATION (City, town, or county) (State) **Wardell, Mo.**24. FUNERAL DIRECTOR **Osburn Funeral Home, Wardell, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **8-3-57** 26. REGISTRAR'S SIGNATURE **John W. Gorman**

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. No standard nomenclature in item 18. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8-226-57

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PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Fabern*

Licensed Embalmer No. 4

P. O. Address Wardell,

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.