

Health, Welfare, Public Service
 000-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 50

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1957

31097

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Carrollton</u> <u>0171</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Staton Clinic.</u>		Length of stay in lb <u>7 weeks,</u>	d. STREET ADDRESS <u>South main.</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 <u>MARTHA</u> Middle _____ Last <u>ENDICOTT</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>3rd</u> Year <u>1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 11, 1877</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>22</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Tina, Missouri</u> <u>6</u>	
13. FATHER'S NAME <u>Jasper Hayes,</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
14. MOTHER'S MAIDEN NAME <u>Emily Gunter</u>			17. INFORMANT Address <u>Miss Minnie Hayes, Chillicothe, Mo.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yrs. give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Miss Minnie Hayes, Chillicothe, 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>Infirmities of old age</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>794X</u>		
20c. TIME OF INJURY _____ Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
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>July 1/57</u> to <u>Sept. 3/57</u> and last saw her <u>alive</u> on <u>Sept. 2/57</u> at <u>10:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS _____		22c. DATE SIGNED <u>Sept 6/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 5, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Coloma Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Tina, Missouri</u> (State) _____					
24. FUNERAL DIRECTOR ADDRESS <u>Clifford W. Austin Tina, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9/5/57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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 *Clifford W. Fuster*
Licensed Embalmer No. 32

P. O. Address *Tina, Miss*

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.