

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1957

43374  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 5001 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ADAIR</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAY TWP.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>BRASHEAR RFD.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10 mi. N. BRASHEAR, Mo.</b>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>10 mi. NORTH.</b>	
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>BELLE</b> Last <b>GREGORY</b>			4. DATE OF DEATH Month <b>DEC</b> Day <b>9</b> Year <b>1957</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>CAUCASIAN</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 21, 1878</b>	9. AGE (In years last birthday) <b>79</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>SHERBONE, KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>GEORGE M. WOODARD</b>			14. MOTHER'S MAIDEN NAME <b>SARA ANDERSON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>MARION SCUDDER BRASHEAR, Mo RFD.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sepsis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>Primary Atypical Pneumonia</b> <b>8 days</b>
					DUE TO (c) <b>Influenza</b> <b>14 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Chronic Emphysema - Debility</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)			
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 <b>12/2/57</b> to <b>12/10/57</b> and last saw her alive on <b>12/9/57</b> Death occurred at <b>5:40 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. B. Besterman D.O.</b> (Degree or title)			22b. ADDRESS <b>Kirksville, Mo.</b>		22c. DATE SIGNED <b>12/11/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>DEC 12, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BRASHEAR</b>		23d. LOCATION (City, town, or county) (State) <b>BRASHEAR Mo.</b>
24. FUNERAL DIRECTOR <b>Kelley Rogers</b> ADDRESS <b>Brashear, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-19-1957</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Patliff</b>	

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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 *Richard B. Kelly*.....

Licensed Embalmer No. *449*

P. O. Address *Elm...*

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.