

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4075

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 11

300
-57

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Marshall Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marshall</u> 0970 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>Fitzgibbon hosp.</u>		Length of stay in lb <u>16 hours</u>	d. STREET ADDRESS (If outside, give location) <u>Rural route No. 4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED First Middle Last
Martha Ann Jones Bramble

4. DATE OF DEATH Month Day Year
Jan. 20th 1958

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13, 1870</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Saline County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Thornton</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Roy Clough, Marshall Mo. R. NO. 1</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Intestinal obstruction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) pro. ca.

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Dehydration

INTERVAL BETWEEN ONSET AND DEATH
2 days

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.)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <u>Marshall, Mo.</u>	COUNTY <u>Saline</u>	STATE <u>Missouri</u>
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21. I attended the deceased from 1-19-58 to 1-20-58 and last saw her alive on 1-20-58
Death occurred at 9-15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ralph H. Jones MD</u> (Degree or title)	22b. ADDRESS <u>Marshall, Mo.</u>	22c. DATE SIGNED <u>1-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-23-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith Memorial cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Saline County Missouri</u>
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24. FUNERAL DIRECTOR <u>Campbell-Lewis, Marshall Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-20-58</u>	26. REGISTRAR'S SIGNATURE <u>Cecil S. Neal</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R.W. Campbell*.....

Licensed Embalmer No. *3469*.....

P. O. Address *Marshall, W. Va.*.....

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.