

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032901

FILED VS. OCT 8 1959

Registration District No. 170 Primary Registration District No. — Registrar's No. 139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Sacchar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sacchar</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Conway</u>		Length of stay in 1b <u>6 mos.</u>		c. CITY OR TOWN <u>Conway</u>		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Conway</u>			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) <u>None</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARTHA ELIZABETH ANGLIN</u>				4. DATE OF DEATH Month Day Year <u>Sept 26 1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>June 12 1867</u>	9. AGE (last birthday) <u>92</u>	10. IF UNDER 1 YEAR Months Days Hours Min. <u>3 13</u>	
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>Housework</u>		11. BIRTHPLACE (City and state or country) <u>Rolla Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D. F. Mallard</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Carter</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Anglin "Deceased"</u>			
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>Elmo wings Buffalo 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>Heart & smiting</u> DUE TO (b) <u>apex</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK ☐ 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 <u>from 5:16 pm</u> to <u>12:30 PM</u> and last saw her alive on <u>Sept 24, 59.</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. W. Lindsey Jr.</u> (Degree or title)				22b. ADDRESS <u>Conway Mo.</u>		22c. DATE SIGNED <u>9-26-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 27 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mallard Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rolla Co Mo.</u>	
24. FUNERAL DIRECTOR <u>L. B. Jones Buffalo, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-1959</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me, Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed A.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, me

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.