

124

STATE FILE NUMBER
68 0025666

CERTIFICATE OF DEATH

FILED JUL 1 1968 246

Registration District No. 2601

Registrar's No. 397

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

| | | | | | | |
|--|--|--|--|---|----------------------------|---|
| DECEASED—NAME FIRST MIDDLE LAST | | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | | |
| 1. Martha L. Brown | | | 2. female | 3. May 17, 1968 | | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR | DATE OF BIRTH (MONTH, DAY, YEAR) | | COUNTY OF DEATH |
| 4. white | | 5b. 86 | 5c. 86 | 6. July 22, 1881 | | 7a. Newton |
| CITY, TOWN, OR LOCATION OF DEATH | | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | |
| 7b. Joplin | | | 7c. yes 7d. Oak Hill Hospital | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 8. So. Dakota | | 9. USA | | 10. widowed | | 11. |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | |
| 12. unknown | | 13b. housewife | | 13c. Home | | |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | |
| 14a. Missouri | | 14b. Jasper | 14c. Joplin | | 14d. yes 14e. 1912 Moffett | |
| FATHER—NAME FIRST MIDDLE LAST | | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | | | |
| 15. Oscar Hickox | | | 16. Unknown | | | |
| INFORMANT—NAME | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. Mrs. Roberta Nolen | | | 17b. 204 N. Grimes Carl Junction, Mo. | | | |
| PART I. DEATH WAS CAUSED BY: | | | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE | | | | | | |
| (a) <i>Toxemia</i> | | | | | | 3 wks |
| (b) <i>Carcinoma of liver</i> | | | | | | 2 years |
| (c) | | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | AUTOPSY (YES OR NO) | | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| 19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | | DATE OF INJURY (MONTH, DAY, YEAR) | | | HOUR |
| 20a. | | | 20b. | | | 20c. M. 20d. |
| INJURY AT WORK (SPECIFY YES OR NO) | | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | | | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) |
| 20e. | | | 20f. | | | 20g. |
| CERTIFICATION—PHYSICIAN: | | | MONTH DAY YEAR | | | AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR |
| 21a. ATTENDED THE DECEASED FROM 5 10 68 TO 5 17 68 | | | 21c. 5 17 68 | | | 21d. Did not view the body after death. |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | | HOUR OF DEATH | | | THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR |
| 22a. | | | M. 22b. | | | |
| CERTIFIER—NAME (TYPE OR PRINT) | | | SIGNATURE | | | DEGREE OR TITLE |
| 23a. J. A. Yesham DO | | | 23b. James A. Yesham MD | | | DATE SIGNED (MONTH, DAY, YEAR) |
| MAILING ADDRESS—CERTIFIER | | | STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP | | | |
| 23c. | | | | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | | CEMETERY OR CREMATORY—NAME | | | LOCATION CITY OR TOWN STATE |
| 24a. Burial | | | 24b. Washburn Prairie | | | 24c. Washburn, Missouri |
| DATE (MONTH, DAY, YEAR) | | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 24d. May 20, 1968 | | | 24e. Culver's, P.O. Box 266 Cassville, Mo 65625 | | | |
| FUNERAL DIRECTOR—SIGNATURE | | | REGISTRAR—SIGNATURE | | | DATE RECEIVED BY LOCAL REGISTRAR |
| 25a. Margaret C. Hembert | | | 25b. Betty J. Bures | | | 25c. 7-1-1968 |

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 86
10b.
11. 1
12. 2
13. 1978
14.
15. 9
16.
17.
18. 2
19. CREDITS
20. 3-1

4. 0739

5. 5

6. 0499

1908

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

Margaret C. Henness

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo.

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.