

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29769

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>25</sup> \_\_\_\_\_ PRIMARY REG. DIST. NO. <sup>4036</sup> Registrar's No. <sup>20</sup> \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>BATES.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES.</b>		
b. CITY OR TOWN <b>RICH HILL.</b>		c. LENGTH OF STAY (in this place) <b>20 yrs.</b>	c. CITY OR TOWN <b>RICH HILL.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>109 E. MAPLE ST.</b>			e. STREET ADDRESS (If rural, give location) <b>109 E. MAPLE ST. 0070 0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>CATHERINE</b> c. (Last) <b>MARTIN.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT-8-1954</b>				
5. SEX <b>MALE.</b>	6. COLOR OR RACE <b>WHITE.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED.</b>	8. DATE OF BIRTH <b>DEC-16-1866</b>	9. AGE (In years last birthday) <b>87</b>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>GREENCASTLE INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ELIAS O'REAR.</b>		13b. MOTHER'S MAIDEN NAME <b>LUTICHA BRANOCK.</b>		14. NAME OF HUSBAND OR WIFE _____			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ma. L. Williams - Rich Hill Mo.</b>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only once per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			MEDICAL CERTIFICATION <b>Free of any other cause of death</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Oct 2, 1954** to **Oct 8, 1954**, that I last saw the deceased alive on **Oct 7, 1954**, and that death occurred at **Rich Hill, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edward Douglas Booth</b> (Degree or title) _____	23b. ADDRESS <b>Rich Hill Mo</b>	23c. DATE SIGNED <b>Oct 10 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-10-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SALEM CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>FOSTER, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>Oct. 11, 1954</b>	REGISTRAR'S SIGNATURE <b>Mr. Edward Douglas Booth</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rich Hill Mo</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *John G. Underwood*.....

Licensed Embalmer No. *358*

P. O. Address *Butler N.*

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.