

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042986

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. ~~336~~ 336

Primary Registration District No. 6136

Registrar's No. 379

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Summersville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Summersville</b> 1010
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location) <b>Route 3</b>
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>ELLEN</b> Last <b>MASH</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>2,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 27, 1881</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</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>Summersville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Wriah Summers</b>	
13b. MOTHER'S MAIDEN NAME <b>Melvina Woolsey</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Claude A. Mash, Summersville, Mo.</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>Acute Circulatory Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary occlusion</b> DUE TO (c) <b>Coronary artery disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
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 <b>6</b> a.m. Month, Day, Year			
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>1950</b> to <b>Nov 2-1958</b> and last saw her/him alive on <b>Nov 2-1958</b> Death occurred at <b>6 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. Laverne Hampton D. 2</b> (Degree or title)		22b. ADDRESS <b>Summersville</b>	22c. DATE SIGNED <b>12-9-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11/5/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Welsch Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Summersville, Missouri</b>
24. FUNERAL DIRECTOR <b>Duncan Funeral Home Mtn View Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12/9/58</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Collins</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 18 1958

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 A. Horton* .....

Licensed Embalmer No. *5029* .....  
P. O. Address *Mr. New 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.