

STANDARD CERTIFICATE OF DEATH

1871

State File No.

FILED FEB 13 1951

 BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Miller</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clear</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clear</u> <u>0660</u> d. STREET ADDRESS (If rural, give location) _____	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>LURA</u> b. (Middle) <u>BIELLE</u> c. (Last) <u>MARTIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 26, 1877</u>	9. AGE (In years last birthday) <u>73</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>
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11. BIRTHPLACE (State or foreign country) <u>Brunley, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John L. Corner M.D. Clearing Singletary</u>	13b. MOTHER'S MAIDEN NAME <u>Math. W. Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Math. W. Martin</u>
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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'S SIGNATURE OR NAME <u>Math. W. Martin</u>
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18. CAUSE OF DEATH Enter only one cause 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of descending colon with metastasis to pelvis & chest.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>153X</u>
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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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10/21, 1949, to 2/6, 1951, that I last saw the deceased alive on 2/6, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lois E. Brunley, D.D. 2</u>	23b. ADDRESS <u>Elbon, Mo.</u>	23c. DATE SIGNED <u>2/7/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkins</u>	24d. LOCATION (City, town, or county) (State) <u>Brunley Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Bluerritta Waltz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucius D. Phillips</u>	ADDRESS <u>Bedou</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0660

RECEIVED

FEB 10 1951

MILLER COUNTY HEALTH
DEPARTMENT

MAY 22 1952

SEP 14 1951
MAY 16 1951

JUL 11 1955

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Louis D. Phillips*
Licensed Embalmer No. *3663*

P. O. Address *.....*

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 this body is not embalmed, fact should be so stated above.