

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1952

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN	c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 LOCUST		d. STREET ADDRESS (If rural, give location) 306 LOCUST 0	

3. NAME OF DECEASED a. (First) MARTHA (Type or Print)	b. (Middle) ANN	c. (Last) EMMONS	4. DATE OF DEATH (Month) (Day) (Year) 1 - 23 - 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-27-1876	9. AGE (In years last birthday) 75	if UNDER 1 YEAR Months 4 Days 26	if UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME DAN ODOM	13b. MOTHER'S MAIDEN NAME ELIZABETH STEPHENS	14. NAME OF HUSBAND OR WIFE G.C. EMMONS - DECEASED
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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) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Lawton ADDRESS Doniphan
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obay Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar Pneumonia 10 days		
	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 490 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **1-1-52**, to **1-23-52**, that I last saw the deceased alive on **1-22-52**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. Hoforth M.D. (Degree or title)	23b. ADDRESS Doniphan Mo	23c. DATE SIGNED 2-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-52	24c. NAME OF CEMETERY OR CREMATORY BELLEVUE	24d. LOCATION (City, town, or county) (State) RIPLEY MO.
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DATE REC'D BY LOCAL REG. 2-4-52	REGISTRAR'S SIGNATURE W. J. Johnston	25. FUNERAL DIRECTOR'S SIGNATURE Black Edwards Funeral Home ADDRESS Doniphan Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Doniphan

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

Student Embalmer

Signed

George A. Kerby

Licensed Embalmer No. *4752*

P. O. Address *Dorchester, Mass.*

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.