

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4249**

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **5196** Registrar's No. **5**

0170

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

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY CARROLL	
b. CITY OR TOWN Bosworth	c. LENGTH OF STAY (in this place) RURAL	c. CITY OR TOWN Bosworth	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) RURAL 3M S.E. Bosworth, MO	

3. NAME OF DECEASED (Type or Print) MARTHA	a. (First)	b. (Middle) ALICE	c. (Last) McNabb	4. DATE OF DEATH (Month) (Day) (Year) Feb 13 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb 2 - 1875	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months 11 Days day	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Dewitt MO	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JACKSON CRISPIN	13b. MOTHER'S MAIDEN NAME BARBARA F. BRYANT	14. NAME OF HUSBAND OR WIFE WM McNabb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME TOM CARR	ADDRESS Bosworth MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		10 yrs 14 yrs
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)	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) (Min.)	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 **12-10**, 19**53**, to **2-13**, 19**54**, that I last saw the deceased alive on **12-10**, 19**54**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Street	(Degree or title) M.D.	23b. ADDRESS Brunswick, Mo	23c. DATE SIGNED 2/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb. 14 - 1954	24c. NAME OF CEMETERY OR CREMATORY WHARTON	24d. LOCATION (City, town, or county) (State) Bosworth MO
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DATE REC'D BY LOCAL REG. Feb 20 - 1954	REGISTRAR'S SIGNATURE Pearl Koch	25. FUNERAL DIRECTOR'S SIGNATURE Leopold Edwards	ADDRESS Bosworth MO
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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 *David J. Edwards*.....

Licensed Embalmer No... *326*

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

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.