

FILED MAY 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14605

BIRTH NO. REG. DIST. NO. 925 PRIMARY REG. DIST. NO. 4480 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greentop</u>		c. CITY OR TOWN <u>Greentop</u>	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		e. STREET ADDRESS (If rural, give location) <u>0980</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>—</u>		c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 26 '54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 25 1870</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lindsey County Virginia U.S.A.</u>	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Robert Van Buren Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Roberta Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ledie J Martin</u>	
				ADDRESS <u>Chicago, Ill.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>2 weeks</u>	
		DUE TO (c) <u>Arteriosclerosis</u>		<u>5 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		<u>5 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	

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?	
22. I hereby certify that I attended the deceased from <u>8/23</u> , 19 <u>50</u> , to <u>4/24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/24</u> , 19 <u>54</u> , and that death occurred, at <u>5:30 p.m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Edward M. Roberts</u>		(Deputy or Title)		23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>4/28/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greentop Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greentop Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-29-54</u>		REGISTRAR'S SIGNATURE <u>Charles Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Dooly</u>		ADDRESS <u>Queen City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9480

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 *Jack J. Drabey*.....
Licensed Embalmer No. *461*

P. O. Address *Quincy City*.....

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.