

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4466**

BIRTH NO. _____		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>25</b>	
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Trenton</b>		c. LENGTH OF STAY (In this place) <b>2 wks.</b>		c. CITY OR TOWN <b>Princeton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Right Memorial</b>				e. STREET ADDRESS (If rural, give location) <b>06501</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>		b. (Middle)		c. (Last) <b>Sires</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4, 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 24, 1884</b>	
9. AGE (In years, last birthday) <b>71</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Daniel Walls</b>		13b. MOTHER'S MAIDEN NAME <b>Euphonia Hall</b>		14. NAME OF HUSBAND OR WIFE <b>Melvin Sires</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>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ralph Breech Princeton, Mo.</b>			
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) <b>Carcinoma of Calcium</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153X</b>					
19a. DATE OF OPERATION <b>24th 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>Perforated Carcinoma of Calcium</b>				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 <b>Nov 1st, 1955</b> , to <b>Feb 4th, 1956</b> , that I last saw the deceased alive on <b>Feb 4th, 1956</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Type name or title) <b>Oliver F. Duffins</b>				23b. ADDRESS <b>Trenton Mo.</b>		23c. DATE SIGNED <b>Feb 7th 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-6-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hamilton Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-20-56</b>		REGISTRAR'S SIGNATURE <b>Oliver F. Duffins</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Martin Funeral Home Princeton, Mo.</b>			

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

*Martin*

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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.....  
*Juan Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton,*

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.