

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035933  
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 101 Primary Registration District No. Registrar's No. 86

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| 1. PLACE OF DEATH<br>a. COUNTY Douglas   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Douglas                             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Buchanan  |  | c. CITY OR TOWN #111# Keltner  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If outside, give location)  |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last Martha Adams  |  | 4. DATE OF DEATH<br>Month Day Year Oct. 31, 1958   |  |
| 5. SEX Female  | 6. COLOR OR RACE White   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 27, 1857                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  |  | 10b. KIND OF BUSINESS OR INDUSTRY Own home   | 11. BIRTHPLACE (City and state or country) Keltner, Missouri |
| 13. FATHER'S NAME John Mackey  |  | 14. MOTHER'S MAIDEN NAME Mary Griffin  |  |
| 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. None   | 17. INFORMANT Address Mrs. Rosa Caudill, Keltner, Mo.        |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Uremic Coma</i><br><i>Chronic Nephritis</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>chronic Senility</i> |  |  | INTERVAL BETWEEN ONSET AND DEATH 3 days                      |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |  |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE   |
| 21. I attended the deceased from 5-16-1955 to Oct-31-57 and last saw her alive on 10-31-58<br>Death occurred at 2:45 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |  |
| 22a. SIGNATURE M. C. Gentry (Degree or title) M.D.   |  | 22b. ADDRESS Ava Mo  | 22c. DATE SIGNED 11-3-58                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 23b. DATE 11-2-58  | 23c. NAME OF CEMETERY OR CREMATORY #1111# Hall   | 23d. LOCATION (City, town, or county) (State) Ava, Missouri  |
| 24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.  |  | 25. DATE RECD. BY LOCAL REG. Nov. 4-58   | 26. REGISTRAR'S SIGNATURE Vestal Bushman                     |

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M.C. Gentry

300  
1-56  
0340

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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 em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles R. Fisk*.....

Licensed Embalmer No. *46*

P. O. Address *Over, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.