

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035959

FILED OCT 31 1958

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 162

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hammersville</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co Memorial</u>		Length of stay in lb <u>15 Minutes</u>	d. STREET ADDRESS <u>Sen Dr</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARTHA ELIZABETH YOUNT</u>			4. DATE OF DEATH Month Day Year <u>10-20-1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2/15/1876</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	9c. AGE (In years last birthday) <u>82</u>
10a. FATHER'S NAME <u>John Smith</u>		10b. MOTHER'S MAIDEN NAME <u>Unknown</u>	10c. NAME OF HUSBAND OR WIFE <u>Dead</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		11. SOCIAL SECURITY NO. <u>None</u>	11. INFORMANT <u>Mildred Chantry Osbyrd MO</u>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardio vascular disease</u>			<u>20 years</u>
DUE TO (c) _____			<u>4201</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>12/10/54</u> to <u>10/20/58</u> and last saw her alive on <u>10/20/58</u> Death occurred at <u>7:25-AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. J. Polusha</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Hammersville, MO</u>	22c. DATE SIGNED <u>10/21/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/22/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hammersville</u>	23d. LOCATION (City, town, or county) (State) <u>Hammersville MO</u>
24. FUNERAL DIRECTOR <u>Emmanuel Sons</u>	ADDRESS <u>Jamesboro Ark</u>	25. DATE RECD. BY LOCAL REG. <u>10-25-58</u>	26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>

COURTY FILE NUMBER 1658-280

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 *M.T. [Signature]*

Licensed Embalmer No. *9512*

P. O. Address *[Signature]*

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.