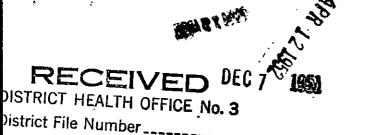
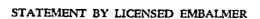
in . 300	Ø ∏ miliana		THE DIVISION OF HEALTH OF MISSOURI			22157	
0.46	FILED DEC 8	- 195 <del>1</del>	STANDARD CERTIF	ICATE OF DEATH	State File No.		
<i>r.</i> 1	SIRTH NO.		REG. DIST. NO	PRIMARY REG. DIST. NO.	3046 Registrar's N	. 81	
81	1. PLACE OF DEA			2. USUAL RESIDENCE	E (Where deceased lived. If i	ortitution: residence before	
ī	a. COUNTY Moni	toau Co		a. STATE Missouri	b. COUNTY	Monitoau	
I	b. CITY (If outside corporate limits, write RURAL and give c. LENGTH OF OR STAY (in this plane)			C. CITY (If outside corporate limits, write RURAL and give township)			
9	TOWN California, Ho Walker 11/2 Yrs			TOWN California. No Walker			
OH	d. FULL NAME OF (If not in hospital or Institution, give street address or location) HOSPITAL OR INSTITUTION 801 West St. California			d. STREET OF a	ural, give location)		
EC				801 Wes	t St. Califo	rnia, Mo	
×	3. NAME OF DECEASED	a. (First) Martha	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
IN	(1990 0) 170007	412	Franklin	Chambers  8. DATE OF BIRTH	I DEATH DOC	2 51	
NE	11 / 1 1 1 1	hite	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years) if men last birthday) Months 88 11	Dayre Hours   Min.	
₹	10a. USUAL OCCUPATIO	ON (Otris blad of work) 10h	Widowed 10b. KIND OF BUSINESS OR IN-	DOC 28. 1862  11. BIRTHPLACE (State or fore	88   11		
PERMANENT RECORD	done during most of works House Will'e	ng life, even if retired)	Own Home	Cooper Co.	Mo O	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WI		
F0	Bongiman F		Margrott S		None	•	
MAKE	(Yes, no. or unknown) (II			17. INFORMANT'S SI		ADDRESS ifornia, MQ	
Ī	19. CAUSE OF DEATH MEDICAL CERTIFICATION					I INTERVAL BETWEEN	
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR COI DIRECTLY LEADIN	NDITION IG TO DEATH*(e)	elal Kema	Maye	ONSET AND DEATH	
CK	*This does not mean ANTECEDENT CAUSES					7	
ΨC	the mode of dying, such Morbid conditions, if any, giving DUE TO (b)			Menoralesa	<u>~</u>		
BLA	as heart fallure, asthenia, etc. It means the dis-	the underlying cause	last.			Ì	
Ö	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS			-		
OIN	THE REPORT OF THE PARTY OF THE PARTY.	Conditions contributing to the death but not related to the disease or condition couring death.					
EA.	19a. DATE OF OPERA-		or condution causing death.  NGS OF OPERATION	goeablist of	exercise	20. AUTOPSY?	
UNFADING	TION			<i>O</i>	331×	YES NO I	
õ	21a. ACCIDENT SUICIDE HOMICIDE		b. PLACE OF INJURY (e.g., in or about me, farm, factory, street, office bldg., etc.)	21c. (CITY TOWN, OR TOWN	SHIP) (COUNTY)	(STATE)	
SIN				_ alifer	mi Mon	han Ma	
—USING	21d. TIME (Month) OF. INJURY	(Day) (Year) (H	Dur) 21e, INJURY OCCURRED  WHILE AT HOPK AT WORK	21f. HOW DID INJURY OCCU	R7		
	-   WORK   ALWORK						
Ę.	22. I hereby certify that I attended the deceased from $\frac{1949}{1949}$ , to $\frac{12-2}{1949}$ , that I last saw the deceased						
PLAINLY	alive on 12-2, 19.51, and that death occurred at 4/5 P m., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS (2) ADDRESS (2) ADDRESS (3) ADDRESS (4) ADDRESS (5) ADDRESS (6) ADDRESS (6) ADDRESS (7) ADDRES						
		14.87	ulle Ulle	23b. ADDRESS	forme, lle	23c. DATE SIGNED 12-3-57	
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY	OR CREMATORY 24d. LC	CATION (City, town, or cou	nty) (State)	
M.	Buria <b>r</b> 0	11.2/4/51	Bowlin Cemet	ery Cal	ifornia, Mon	itoau. Mo.	
·	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	NATURE 202	25. FUMERAL DIRECTOR'S		DORE 53.	
	V-4-1	1 St. Q. PO	heloyof R B	ran Boun	in Jaliso	mia	
	(Licensed Embalmer's Statement on Reverse Side)						



Pate Filed . DEC 7



I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Licensed Embalmer No ...

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 this body is not embalmed, fact should be so stated above.