

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4346

State File No.

350

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

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath mo</u>		c. LENGTH OF STAY (in this place) <u>83-year</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARRI</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>BEST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-4-1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u>9</u> Min. <u>9</u>
11a. BIRTHPLACE (State or foreign country) <u>Franklin Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Kasenbaum</u>		13b. MOTHER'S MAIDEN NAME <u>Parlee Evelyn</u>	
14. NAME OF HUSBAND OR WIFE <u>Jamithan Best</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. <u>none</u>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John J. Edward Senath mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bronchial</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>331x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		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>Sept</u> , 19 <u>50</u> , to <u>Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>51</u> , and that death occurred at <u>3:10 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. M. Woller Jr. M.D.</u>		23b. ADDRESS <u>Senath, Mo</u>	
		23c. DATE SIGNED <u>FEB 14 '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>2-14-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Senath</u>		24d. LOCATION (City, town, or county) (State) <u>Senath MO</u>	
DATE REC'D BY LOCAL REG. <u>2-17-1951</u>		REGISTRAR'S SIGNATURE <u>Mr. J. H. Lamm</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. T. Emerse Janshaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

Art

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-20-51

COUNTY FILE NUMBER 251-46

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.