

FILED FEB 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5689

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>719 W Reed St</u>	

3. NAME OF DECEASED (Type or Print) <u>Margaret Mast</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 23 1880</u>	9. AGE (In years last birthday) Months Days <u>71 0 19</u>	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Henry Mast</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Mast</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sophia Masten. Moberly. Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>5 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture-dislocation left shoulder</u>		<u>4 days</u>
DUE TO (c)			<u>30</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>20</u>

19a. DATE OF OPERATION <u>10 Feb 51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture dislocation head left humerus, wedged outside</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Huntsville, Randolph 088 Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Feb 7 1951 8 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall, icy street</u>
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22. I hereby certify that I attended the deceased from Feb 12 1951, to Feb 12 1951, that I last saw the deceased alive on 12 Feb 51, and that death occurred at 11A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Moberly, Missouri</u>	23c. DATE SIGNED <u>2-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb-14-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr Alan and Son's Moberly Mo</u>	ADDRESS
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Retal for Signature - delayed in return
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-442
Date Filed: FEB 26 1951

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

Frank D. D. Wilt

Licensed Embalmer No. 3021

P. O. Address *Mobily, Mo*

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.