

FILED AUG 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 130

1. PLACE OF DEATH  
 a. COUNTY Vernon  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN Nevada)  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Sunderworth Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Vernon  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada  
 d. STREET ADDRESS (If rural, give location) Sunderworth Nursing Home

3. NAME OF DECEASED (Type or Print)  
 a. (First) JESSIE b. (Middle) J. c. (Last) MASLEN  
 4. DATE OF DEATH (Month) July (Day) 23 (Year) 1951

5. SEX Male 6. COLOR OR RACE White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
 8. DATE OF BIRTH Jan. 19, 1869 9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer  
 10b. KIND OF BUSINESS OR INDUSTRY None  
 11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.  
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Maslen 13b. MOTHER'S MAIDEN NAME Gene Jones  
 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)  
 16. SOCIAL SECURITY NO. none  
 17. INFORMANT'S SIGNATURE OR NAME Aline Stolte ADDRESS El Dorado Spgs., Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension  
 DUE TO (c) Arteriosclerosis  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 3 days

19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION 331x  
 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no  
 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)  
 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from June 10, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. Newton (Degree or title) M.D. 23b. ADDRESS Nevada Mo. 23c. DATE SIGNED July 25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/26/51  
 24c. NAME OF CEMETERY OR CREMATORY El Dorado Springs 24d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.

DATE REC'D BY LOCAL REG. 7-25-1951 REGISTRAR'S SIGNATURE Anna E. Ferry 451  
 25. FUNERAL DIRECTOR'S SIGNATURE El Dorado Springs ADDRESS Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

082  
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

JUL 31 1951

Dist. File 821-1424  
Date Filed 8-1-51

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

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Floyd E. Cantner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4419

P. O. Address Springfield

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.