

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42976

State File No.

No. 300
10-48

FILED JAN 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>257</u>	PRIMARY REG. DIST. NO. <u>5880</u>	Registrar's No. <u>34</u>
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINN</u> <u>0760</u>		
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINN MO R.F.D.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u>		b. (Middle) <u>A.</u>		c. (Last) <u>MAASEN</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>Dec 30-1952</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>Sept. 18th 1878</u>	9. AGE (In years last birthday) Months Days <u>74</u> <u>3</u> <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Loose Creek Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. Nilges</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schram</u>	14. NAME OF HUSBAND OR WIFE <u>Herman J. Maasen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman J. Maasen Linn 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Painful cyst breast removed.</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>1 yr</u> <u>5 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>May</u> , 19 <u>50</u> , to <u>Dec. 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>53</u> , and that death occurred at <u>6:50pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>L. D. Hebl M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>12-31-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 2nd 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St George Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 15 1953</u>	REGISTRAR'S SIGNATURE <u>T. A. Submitter</u>	<u>235-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clayton Norton Linn Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

960
1

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.