

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3843

State File No.

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, write RURAL and give town) KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - WILSON - TWP	
c. LENGTH OF STAY (In this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 2010 7MI-NR-LAPLATA 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION KIRKSVILLE OSTEOPATHIC			

3. NAME OF DECEASED (Type or Print) a. (First) EMILY	b. (Middle) MASTICK	c. (Last) HASHER	4. DATE OF DEATH (Month) (Day) (Year) FEB 14 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 10. 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	11. BIRTHPLACE (State or foreign country) MATSON CO. ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME B. MASTICK	13b. MOTHER'S MAIDEN NAME JULIA EDWARDS	14. NAME OF HUSBAND OR WIFE PARKER E. HASHER
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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) NO	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSIE HASHER LAPLATA MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 hours 2 weeks year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 8**, 19**54**, to **Feb 14**, 19**54**; that I last saw the deceased alive on **Feb 14**, 19**54**, and that death occurred at **2:10** m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) W. L. Lutenahn D.O.	23b. ADDRESS Kirksville Mo	23c. DATE SIGNED 2-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 16 1954	24c. NAME OF CEMETERY OR CREMATORY LAPLATA	24d. LOCATION (City, town, or county) (State) LAPLATA MO
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DATE REC'D BY LOCAL REG. 2-15-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Peasley Hurdlowe Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

Ger. P. E. ...

Signed.....
Student Embalmer

Licensed Embalmer No. *3955*

P. O. Address *Hurdland 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.