No. 300
10.46

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19366
State File No.

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
c. LENGTH OF STAY (in this place) 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 321 Dickinson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe 0592 0
d. STREET ADDRESS (If rural, give location) 321 Dickinson

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Catherine c. (Last) Mast
4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 55
5. SEX Female
6. COLOR OR RACE White (US)
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-6-1878
9. AGE (In years last birthday) 77 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaker
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Milton Waddell
13b. MOTHER'S MAIDEN NAME Nettie Frith
14. NAME OF HUSBAND OR WIFE Charles H. Mast
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.
17. INFORMANT'S SIGNATURE OR NAME C. H. Mast, ADDRESS Chillicothe, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) P

DUE TO (c)

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 4201
20. AUTOPSY? YES ☐ NO ☑

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)
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* July 3, 19 55 *to* July 3, 19 55, *that I last saw the deceased alive on* July 3, 19 55, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE G W Cashman (Degree or title) M.D.
23b. ADDRESS Chillicothe Mo.
23c. DATE SIGNED 7-5-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-6-55
24c. NAME OF CEMETERY OR CREMATORY Edgewood
24d. LOCATION (City, town, or county) Chillicothe, Mo. (State)
DATE REC'D BY LOCAL REG. 7-5-55
REGISTRAR'S SIGNATURE Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home ADDRESS Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 24 1955

AUG 8 1955

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 Joseph M. Gibson
Licensed Embalmer No. 4769
P. O. Address Chillicothe, 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.