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4.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

State File No. 8558

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5316 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Clear Creek Twp)</u>	c. LENGTH OF STAY (In this place) <u>5 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove Rural (Clear Creek Twp)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South of Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles S. of Pilot Grove</u>	

3. NAME OF DECEASED (First) <u>MARY</u> (Middle) <u>MATHILDA</u> (Last) <u>MASEL</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>30</u> (Year) <u>1956</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>widowed</u>	8. DATE OF BIRTH <u>Feb 22, 1875</u>	9. AGE (In years) <u>81</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____
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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 <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Clear Creek Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>A. P. Sommer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary VanHamer Frank Masel</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 date of service) _____	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE, OR NAME <u>Mathilda Masel</u> ADDRESS <u>Pilot Grove Mo</u>
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18. CAUSE OF DEATH Enter only one cause for 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		<u>+ 15 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive - arteriosclerotic cardiac vascular disease</u> DUE TO (c) _____		<u>2 years</u>
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 <u>443x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (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 <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 2-20-56, 1956, to 3-30-56, 1956, that I last saw the deceased alive on 3-5-56, 1956, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. N. Stewart, M.D.</u>	23b. ADDRESS <u>329 Main, Boonville, Mo</u>	23c. DATE SIGNED <u>3/31/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>	24d. LOCATION (City, town, or county) <u>Pilot Grove, Mo</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>4/2/56</u>	REGISTRAR'S SIGNATURE <u>Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes-Kentner</u> ADDRESS <u>Pilot Grove, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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~~

Student
Student Embalmer

Signed

Lepton E. Haynes

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove*

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.