Health, Welfare Public Service

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1-56

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 29661

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Bretton Tuck — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Potosi — Length of stay in 1b old of life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Near Potosi — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Margret Middle Estalla Last Mahan
4. DATE OF DEATH Month Aug. Day 15 Year 1956
5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 17 1877
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 3 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Washington Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Hancock
14. MOTHER'S MAIDEN NAME Julia Ann Nicholson
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. —
17. INFORMANT Jesse Mahan Address Potosi Rt 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Intoxication
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Indiscretion Diet
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 578X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to 8/15/56 and last saw her alive on 8/15/56
Death occurred at 10-30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. F. Cusswell MD
22b. ADDRESS Potosi Mo
22c. DATE SIGNED 8/17/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-18-56
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.
23d. LOCATION (City, town, or county) (State) Washington Co. Mo

24. FUNERAL DIRECTOR ADDRESS Mrs Luther Sparks Potosi Mo
25. DATE RECD. BY LOCAL REG. 8/18/56
26. REGISTRAR'S SIGNATURE Helen Kradael

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
AUG 1
WASH. COUNTY HEALTH DEPT.
File No.

JAN 30 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....