

FILED FEB 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3683**

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                |  |                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                        |  | REG. DIST. NO. <b>32</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | PRIMARY REG. DIST. NO. <b>5111</b>                                                                                                             |  | Registrar's No. <b>9</b>                                                                                                  |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Bollinger</b>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b> b. COUNTY <b>Bollinger</b> |  |                                                                                                                           |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Advance, R F D 4</b>                                                                                                                                |  | c. LENGTH OF STAY (in this place)<br><b>5 yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  | c. CITY OR TOWN <b>Advance,</b>                                                                                                                |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Liberty Twp.</b>                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | e. STREET ADDRESS (If rural, give location)<br><input checked="" type="checkbox"/>                                                             |  |                                                                                                                           |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <b>Mary</b>                                                                                                                                                                |  | b. (Middle) <b>Moly</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | c. (Last) <b>Cato,</b>                                                                                                                         |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>2- 15 57.</b>                                                          |  |
| <b>5. SEX</b><br><b>Female</b>                                                                                                                                                                                                         |  | <b>6. COLOR OR RACE</b><br><b>White</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Widowed, 2</b>                                                              |  | <b>8. DATE OF BIRTH</b><br><b>Oct. 1st 1874</b>                                                                           |  |
| <b>9. AGE</b> (In years last birthday) <b>82</b>                                                                                                                                                                                       |  | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>House Wife</b>                                                                                                                                                                                                                                                                                                                                                  |  | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>Bollinger, MO</b>                                                              |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U S A,</b>                                                                      |  |
| <b>13a. FATHER'S NAME</b><br><b>Danile Mansker,</b>                                                                                                                                                                                    |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Dont Know,</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><input checked="" type="checkbox"/>                                                                      |  |                                                                                                                           |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>—</b>                                                                                                            |  | <b>16. SOCIAL SECURITY NO.</b><br><b>—</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><b>Mrs. Robert Woodfin Lutesville, Mo.</b>                                                 |  |                                                                                                                           |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Senility</b><br><br><b>ANTECEDENT CAUSES</b><br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br><b>DUE TO (b)</b> _____<br><b>DUE TO (c)</b> _____<br><br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |                                                                                                                                                |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b>                                                                                   |  |
| <b>19a. DATE OF OPERATION</b>                                                                                                                                                                                                          |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)                                                                                                                                                                                        |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                                         |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><b>Advance MO 9</b>                                                                  |  |                                                                                                                           |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)                                                                                                                                                                          |  | <b>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></b>                                                                                                                                                                                                                                                                                                                                                           |  | <b>21f. HOW DID INJURY OCCUR?</b>                                                                                                              |  |                                                                                                                           |  |
| <b>22. I hereby certify that I attended the deceased from June, 1940, to Feb. 15, 1957, that I last saw the deceased alive on Feb. 14, 1957, and that death occurred at m., from the causes and on the date stated above.</b>          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                |  |                                                                                                                           |  |
| <b>23a. SIGNATURE</b> (Degree or title)<br><b>E.C. Masters M.D.</b>                                                                                                                                                                    |  | <b>23b. ADDRESS</b><br><b>Advance MO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>23c. DATE SIGNED</b><br><b>Feb. 16, 1957</b>                                                                                                |  |                                                                                                                           |  |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>                                                                                                                                                                      |  | <b>24b. DATE</b><br><b>2- 17th 57</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Baker Cemetery,</b>                                                                            |  | <b>24d. LOCATION (City, town, or county) (State)</b><br><b>near Lutesville MO</b>                                         |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><b>2-20-57</b>                                                                                                                                                                                      |  | <b>REGISTRAR'S SIGNATURE</b><br><b>Mrs. Buford Crader</b>                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><b>Baker Funeral Home, Lutesville, M</b>                                                    |  |                                                                                                                           |  |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1957

### 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.....  
Signature of Student Embalmer

Signed.....

*A. J. Baker*

Licensed Embalmer No. 3578

P. O. Address *Tutorville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.