

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45301

STATE FILE NUMBER

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

61

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1420 W. Main		d. STREET ADDRESS (If outside, give location) 1420 W. Main	
3. NAME OF DECEASED (Type or print) First ARTHUR Middle LEWIS Last WASSON		4. DATE OF DEATH Month December Day 31 Year 1957	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 18, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shopman		10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific	11. BIRTHPLACE (City and state or country) Atoka, Oklahoma
13a. FATHER'S NAME Jess Wasson		13b. MOTHER'S MAIDEN NAME Ellen See	14. NAME OF HUSBAND OR WIFE Eva Hayworth
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. None	17. INFORMANT Address Mrs. Eva Wasson, Sedalia, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH Sudden 12 yrs
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 Jan 57 to _____ and last saw him alive on Dec 12 1957 Death occurred at Dec 31 1957 2:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Edward M. M.		22b. ADDRESS Sedalia Mo	
22c. DATE SIGNED 12/31/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/2/1958	23c. NAME OF CEMETERY OR CREMATORY Crown Hill	23d. LOCATION (City, town, or county) - Sedalia, Missouri
24. FUNERAL DIRECTOR W. H. Eckhart Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-58	26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL SYMPTOMS WILL BE LISTED

ALL DOCTORS, CORONERS, ETC. MUST USE ONLY STANDARD NOMENCLATURE IN ITEM 18. NO SYMPTOMS WILL BE LISTED.

ALL CAUSES IN PART I MUST BE CAUSALLY RELATED.

GILLESPIE FUNERAL HOME

JAN 9 1938

STATE EMBALMER

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.