

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019407

STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>		2. USUAL RESIDENCE* (Where deceased lived. If institutional Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bonne Terre</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>1100 Harmony Twp.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTE <i>Bonnett-Emmett Hosp. 7 1/2 hrs</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>1 1/2 mi W. Courton</i>
3. NAME OF DECEASED (Type or print) <i>Isabelle</i>		First Middle Last <i>Mason</i>	4. DATE OF DEATH <i>May 25 - 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 24 1877</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>no</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>80</i>
11. BIRTHPLACE (City and state or country) <i>Crystal City Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Ed Coveland</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Wilkie Mason Belgrade Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infarction of myocardium</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic coronary thrombosis</i>			
DUE TO (c) <i>4201</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>May 25, 1958</i> to <i>May 25, 1958</i> and last saw her alive on <i>May 25, 1958</i> Death occurred at <i>5:35 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lucy M. Lusher MD</i>		22b. ADDRESS <i>Bonne Terre, Mo.</i>	22c. DATE SIGNED <i>5/28/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5-27-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Emmeaus Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Mrs. Lillian Sparks Peters</i>		25. DATE RECD. BY LOCAL REG. <i>May 28, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *Murphy L. Spink*

Licensed Embalmer No. *4236*

P. O. Address *W. Lat River*

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.