

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041116

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6040 Registrar's No. 255

1. PLACE OF DEATH
a. COUNTY Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. 3 Length of stay in lb 55 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph

c. CITY OR TOWN Moberly Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) R. R. 3 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First PHILIP Middle (NMI) Last MAST

4. DATE OF DEATH Month NOV. Day 19 Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH April 16, 1877 9. AGE (In years less birthday) 81 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and state or country) Canton, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Mast 13b. MOTHER'S MAIDEN NAME Johanna Stratman 14. NAME OF HUSBAND OR WIFE Miss Lucille Mast

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 Miss Lucille Mast Address Moberly RR 3

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 Congestive Heart failure INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Myocarditis 1 yr.
DUE TO (c) Senility ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222 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.) 4222

20c. TIME OF INJURY Hour 11:30 AM Month, Day, Year Nov. 19, 1958

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.) St. Mary's 20f. CITY, TOWN, OR LOCATION Moberly COUNTY Moberly STATE Mo.

21. I attended the deceased from June 1951 to Nov. 19, 1958 and last saw him alive on Nov. 18, 1958
Death occurred at 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. L. Exley D.O. (Degree or title) 22b. ADDRESS Monticello, Mo. 22c. DATE SIGNED Nov. 25 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 21, 1958 23c. NAME OF CEMETERY OR CREMATORY St. Mary's 23d. LOCATION (City, town, or county) (State) Moberly Mo.

24. FUNERAL DIRECTOR Mahan Funeral Service ADDRESS Moberly 25. DATE RECD. BY LOCAL REG. 11-21-58 REGISTRAR'S SIGNATURE Leaherlowe

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

All diseases in Part I must be causally related.

Need for information

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 *John A. Keller*

Licensed Embalmer No. *3815*

P. O. Address *W. S. ...*

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.