

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043468
STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 568

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Cape County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Gir.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural</u> ⁰¹⁶⁸ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Hosp</u>		Length of stay in lb <u>3 days</u>	d. STREET ADDRESS (If outside, give location) <u>7mi West Jackson</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Sarah Masters</u>			4. DATE OF DEATH Month Day Year <u>Dec 7 1958</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 2, 1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House</u>	11. BIRTHPLACE (City and state or country) <u>Cape County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry C. Halls</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Seabaugh</u>	14. NAME OF HUSBAND OR WIFE <u>H.W. Masters</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Bessie Nancy Jackson</u> Address <u>Jackson Pt., Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Small bowel obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Undetermined.</u> DUE TO (c) _____		
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.) <u>5705</u>
20c. TIME OF INJURY Hour Month, Day, Year o.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
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21. I attended the deceased from Dec 2, 1958 to Dec 7, 1958 and last saw her alive on Dec 7, 1958
Death occurred at 11:45 AM, 12-7-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. H. Jager MD</u>	22b. ADDRESS <u>Jackson, Mo</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Seagewickville</u>	23d. LOCATION (City, town, or county) (State) <u>Seagewickville, Mo</u>
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24. FUNERAL DIRECTOR <u>H. C. Cought Jackson, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 12 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Homer Cooper</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gene O. Quigg*

Licensed Embalmer No. *4327*

P. O. Address *Jackson*

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.