Health, Welfare Public Service

300 0
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004339
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Adair

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

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

c. CITY OR TOWN LaPlata 6 6 0 0 — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kirksville Osteopathic Hosp. — Length of stay in 1b 8 wks.

d. STREET ADDRESS (If outside, give location) X — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Franklin Last LaMaster

4. DATE OF DEATH Month March Day 7 Year 1959

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH June 12, 1876

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) LaCrosse, Missouri 0

12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Noah LaMaster

13b. MOTHER'S MAIDEN NAME Margaret Easley

14. NAME OF HUSBAND OR WIFE Mary Elizabeth Mercer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 487-30-1120

17. INFORMANT Olin LaMaster Address LaPlata, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive heart disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture neck left femur 443XF

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at nursing home Kirksville, Mo

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 7-3-59

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.) Nursing home #1

20f. CITY, TOWN, OR LOCATION Kirksville COUNTY Adair STATE Mo.

21. I attended the deceased from 3-3-59 to 2-7-59 and last saw her/him alive on 2-7-59

Death occurred at 10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Addison Homes (Degree or title) DO 2

22b. ADDRESS Kirksville Mo

22c. DATE SIGNED 2-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE March 9, 1959

23c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery

23d. LOCATION (City, town, or county) LaPlata, Macon, (State) Missouri

24. FUNERAL DIRECTOR Christie Funeral Service ADDRESS Ralph E. Pollock LaPlata, Mo.

25. DATE RECD. BY LOCAL REG. 3-11-1959

26. REGISTRAR'S SIGNATURE David W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Addison Homes D.O.

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 Ad H McCollin

Licensed Embalmer No. 2052

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRI[illegible]G. (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.