Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006777
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Charles — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home St.Chas.Nursing — Length of stay in Ib: 3 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles 0923 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 701 No. Fifth St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Margaret Middle: Elizabeth Last: Trask
4. DATE OF DEATH: Month: Feb. Day: 12 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Jan. 25, 1871
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months: 0 Days: 17 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Felix Mudd
13b. MOTHER'S MAIDEN NAME: ? ? Kirkpatrick
14. NAME OF HUSBAND OR WIFE: Edward Trask
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.: None
17. INFORMANT: Francis Trask. Address: St. Charles, 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Glaucoma & Cataracts 3 yrs. 4 200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year
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 1/26/48 to 2/12/59 and last saw her alive on 2/12/59
Death occurred at 9:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul H. Luther (Degree or title) MD
22b. ADDRESS: 114 N. Main St. St. Charles, Mo.
22c. DATE SIGNED: 2/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb.14,1959
23c. NAME OF CEMETERY OR CREMATORY: St. Chas.Borromeo Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles County, Mo.

24. FUNERAL DIRECTOR: H.C.Dallmeyer & Sons, ADDRESS: St. Charles, Mo.
25. DATE RECD. BY LOCAL REG.: FEB 13-59
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 4 8 3 2

P. O. Address St. Charle

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.