

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037241

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 229

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sugar Creek</i>		Length of stay in 1b <i>78 years</i>	c. CITY OR TOWN <i>Moberly</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>R.F.D. # 2 Moberly</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R.F.D. # 2</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GEORGE HENRY MAST</i>			4. DATE OF DEATH Month Day Year <i>October 16 - 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 11 - 1880</i>
9. AGE (last birthday) <i>79</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) <i>Canton Missouri</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Phillip Mast</i>	
13b. MOTHER'S MAIDEN NAME <i>Josephine Strahan</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Mast</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. <i>491-07-2509</i>	
17. INFORMANT <i>Mrs. George Mast</i>		Address <i>Moberly 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>Apparently natural causes -</i> <i>He & his brother were shooing cane -</i> DUE TO (b) <i>brother noticed him stagger</i> DUE TO (c) <i>backward and caught him to be fell dead</i>			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) <i>Had no previous illness - apt. heart failure</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>8:00 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Leabevlaue Registrar</i>		22b. ADDRESS <i>Court House Moberly Mo</i>	
22c. DATE SIGNED <i>10-19-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct-19-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cemetery Moberly Missouri</i>	
23d. LOCATION (city, town, or county) (State)		23e. DATE RECD. BY LOCAL REG. <i>10-19-59</i>	
23f. REGISTRAR'S SIGNATURE <i>Leabevlaue</i>			
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo</i>			
25. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6981 PAON SR

VS FEB 23 1960

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo

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.