

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1960

STATE FILE NUMBER **55-047096**

Registration District No. **373** Primary Registration District No. **6270** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION TWP		Length of stay in 1b 4 MO		c. CITY OR TOWN CONWAY MO RI		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 MI EAST			
3. NAME OF DECEASED (Type or print) First Middle Last MASILDA CAROLINE YANCE				4. DATE OF DEATH Month Day Year DEC 31 1959				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-7-1899		
9. AGE (last birthday) 80		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) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME JOHN IKERD			13b. MOTHER'S MAIDEN NAME MARY LAIR MORE			14. NAME OF HUSBAND OR WIFE BERTIE VANDERPETE CONWAY MORI		
5. 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.		17. INFORMANT Address BERTIE VANDERPETE CONWAY MORI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemphygia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterial Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs 5 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) and				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
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 Dec. 13, 1959 to Dec. 31, 1959 and last saw her ^{her} alive on Dec. 22, 1959 Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE E. Marshall (Degree or title)				22b. ADDRESS W.M.A. Crocker MO		22c. DATE SIGNED 1-4-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-3-1960		23c. NAME OF CEMETERY OR CREMATORY RODD SPRINGS		23d. LOCATION (City, town, or county) (State) WEBSTER CO MO		
24. FUNERAL DIRECTOR ADDRESS BARBER EDWARDS MARSHFIELD				25. DATE RECD. BY LOCAL REG. 1-6-60		26. REGISTRAR'S SIGNATURE Stromes		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 29 1980

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 Rev Bobb

Licensed Embalmer No. 28
P. O. Address Wiley, 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.