

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1960

60-002205
STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto		Length of stay in 1b 32 Yrs.		c. CITY OR TOWN DeSoto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 415 Bogy St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 415 Bogy St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Austin Last Mallery				4. DATE OF DEATH Month Feb. Day 5 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/23/72	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman			10b. KIND OF BUSINESS OR INDUSTRY Ry. Car Shops		11. BIRTHPLACE (City and state or country) Hillsboro, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Napoleon B. Mallery			13b. MOTHER'S MAIDEN NAME Anna Elliott			14. NAME OF HUSBAND OR WIFE Virginia Haverstick	
15. 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. Railroad		17. INFORMANT Address Paul Mallery DeSoto, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) General Infirmities of Age DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of Prostate					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 September 23, 1959 , to 2/5/60 and last saw her alive on 2/1/60 Death occurred at 9 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Lee Mothershead</i> (Degree or title) M. D.				22b. ADDRESS De Soto, Mo.		22c. DATE SIGNED 2/6/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/7/60	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) DeSoto Mo.		(State)	
24. FUNERAL DIRECTOR J. Lee Mothershead DeSoto, Mo.			25. DATE RECD. BY LOCAL REG. Feb. 6 - 1960		26. REGISTRAR'S SIGNATURE <i>Marie Harris</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Lee Mothershead

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

FEB 29 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J Lee Mathuskow

Licensed Embalmer No. 3531

P. O. Address No date, no

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.