

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011767

FILED VS MAR 16 1960

Registration District No. 206 Primary Registration District No. 481A Registrar's No. 12

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MAYCLAND</u>		Length of stay in 1b	c. CITY OR TOWN <u>MAYCLAND</u>		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)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MARYNA</u> Middle <u>J</u> Last <u>MOUSOR</u>			4. DATE OF DEATH Month <u>2</u> Day <u>26</u> Year <u>1960</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-6-1891</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MAYCLAND MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>SAMUEL HEWEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>W.B. MOUSOR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>DASHA LONG MAYCLAND MO</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerosis generalized</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>chronic angina pectoris</u> DUE TO (c) <u>senility</u>					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)					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 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 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 <u>5/18/57</u> to <u>30</u> and last saw her alive on <u>2/20/60</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. G. Wooman</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Redeveltown Mo</u>			22c. DATE SIGNED <u>3/5/60</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2/29/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUSOR COM</u>		23d. LOCATION (City, town, or county) <u>MAYCLAND MO</u>			
24. FUNERAL DIRECTOR <u>Edman Margaret</u> ADDRESS <u>Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-7-1960</u>		26. REGISTRAR'S SIGNATURE <u>Larence Kicker</u>			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Raymond B. Wals

Licensed Embalmer No. 4884

P. O. Address Tridena

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.