

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012248

ED VS APR 12 1960

Registration District No. 316 Primary Registration District No. - Registrar's No. 137 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck		Length of stay in 1b 2 days	c. CITY OR TOWN Belgrade Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/2 mi. north of Belgrade Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle JANE Last MASON			4. DATE OF DEATH Apr. 3 1960 Month Apr. Day 3 Year 1960
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 Jan 20 74 9. AGE (last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	9. IF UNDER 1 YEAR Months Days 12. IF UNDER 24 HR Hours Min. 11. BIRTHPLACE (City and state or country) Crawford County Mo. USA 12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME L. B. Dane		13b. MOTHER'S MAIDEN NAME Mary Ann Gossage	14. NAME OF HUSBAND OR WIFE John Mason
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. no	17. INFORMANT Address Myrtle Jarvis, Belgrade, 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) Congestive Circulatory Failure DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Hours Years Years
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 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 April 3, 1960 to April 3, 1960 and last saw her alive on April 3, 1960 Death occurred at 11.35 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. M. Beck D.O. (Degree or title)		22b. ADDRESS Bismarck, Missouri	22c. DATE SIGNED 4/5/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-6-60	23c. NAME OF CEMETERY OR CREMATORY Bryan Cemetery	23d. LOCATION (City, town, or county) (State) Belgrade, Mo.
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. Apr. 6, 1960	26. REGISTRAR'S SIGNATURE Ethel Redloff

DOCUMENT

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 Anne G. White

Licensed Embalmer No. 3012

P. O. Address Ormita, Va.

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.