

RI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAR 16 1960

60-013975

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 27 STATE FILE NUMBER

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|--|---|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri Washington</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breton</u> | | Length of stay in 1b <u>years</u> | | c. CITY OR TOWN <u>Cadet, Mo.</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 <u>3 Miles Northeast Potosi, Mo.</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Box 168 Rt. 1</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Rosey Belle Pashea</u> | | | | 4. DATE OF DEATH Month <u>March</u> Day <u>1</u> Year <u>1960</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</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>June 24 1877</u> | 9. AGE (last birthday) <u>82</u> | 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) <u>House wife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ironton Mo.</u> | | 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Martin Vandergriff</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Martha White</u> | | | 14. NAME OF HUSBAND OR WIFE <u>William Pashea</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT Address <u>Louis Pashea Rt. 1, Cadet, 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>Cerebral Anoxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Respiratory Failure</u> DUE TO (c) <u>Coronary Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psittacosis in the pelvis</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u> | |
| 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.) <u>Psittacosis in the pelvis</u> | | | | | | |
| 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 checked="" 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>Feb. 29, 1960 - Feb. 29, 1960</u> and last saw her alive on <u>Feb. 29, 1960</u> Death occurred at <u>9:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Dan J. Susser DO</u> | | | | 22b. ADDRESS <u>211 E High-Potosi Mo.</u> | | 22c. DATE SIGNED <u>3/4/60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-4-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New masonic</u> | | 23d. LOCATION (City, town, or county) <u>Potosi Mo.</u> | | | |
| 24. FUNERAL DIRECTOR <u>Oman Jenkins Potosi Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>3/4/60</u> | | 26. REGISTRAR'S SIGNATURE <u>Arslut Rudel</u> | | | |

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 John N. Skjeman

Licensed Embalmer No. 4881

P. O. Address Bismarck,

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.