URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS OCT 17 1960

NDED

-60-038910
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 134

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Troy
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 100 Fifth St
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Lincoln
c. CITY OR TOWN: Troy
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 100 Fifth St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Agnes Last: Mashek

4. DATE OF DEATH: Month: October Day: 10 Year: 1960.

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/29/84

9. AGE (last birthday): 76

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: Own Home

11. BIRTHPLACE (City and state or country): Lincoln Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Shilharvey

13b. MOTHER'S MAIDEN NAME: Barbara

14. NAME OF HUSBAND OR WIFE: John Mashek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles Mashek, Troy, Missouri. Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS — UNK
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): GENERALIZED ARTERIOSCLEROSIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 JAN, 1960, to 10/10/60 and last saw her alive on 10/10/60

Death occurred at 4 30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul Berry (Degree or title): M.D.

22b. ADDRESS: Troy, Missouri

22c. DATE SIGNED: 10/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/13/60

23c. NAME OF CEMETERY OR CREMATORY: Mashek Cemetery

23d. LOCATION (City, town, or county) (State): Lincoln Co., Mo.

24. FUNERAL DIRECTOR: Kemper-Marsh Funeral HN, Troy, Mo. ADDRESS:

25. DATE RECD. BY LOCAL REG.: 10-13-1960

26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

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_____
Signatur of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 5105

P. O Address Troy, Ho

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