

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004537

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 15

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED VS FEB 23 1961

1. PLACE OF DEATH
 a. COUNTY Bates
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler Mt. Pleasant Length of stay in lb 9 months
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cass
 c. CITY OR TOWN Drexel Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lettisha Middle X Last Mason
 4. DATE OF DEATH Month Feb. Day 1 Year 1961

5. SEX F 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-11-1883 9. AGE (last birthday) 77 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) Home-maker 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Drexel, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Andrew Jackson Osborn 13b. MOTHER'S MAIDEN NAME Elizabeth Burchett 14. NAME OF HUSBAND OR WIFE Clayton Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Thema Ketner Adrain, Missouri

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 vascular accident
 DUE TO (b) Cerebral arteriosclerosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 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.)
None
 20c. TIME OF INJURY Hour _____ Month, Day, Year _____
None
 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 1-31-61 to _____ and last saw her alive on 1-31-61
 Death occurred at _____ 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Ronald W. Howard MD 22b. ADDRESS Butler, Mo 22c. DATE SIGNED 2-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/4/61 23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery 23d. LOCATION (City, town, or county) (State) ADRAIN, Missouri

24. FUNERAL DIRECTOR Althous-Dickey Archie, MO ADDRESS _____ 25. DATE RECD. BY LOCAL REG. Feb. 3-1961 26. REGISTRAR'S SIGNATURE Randall Murray

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Hammond

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.