

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018755

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 220

FILED JUN 14 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		Length of stay in 1b <u>1y; 4m; 25</u> das.	c. CITY OR TOWN <u>Fredericktown</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 1</u>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>ALICE</u> Last <u>RASOR</u>			4. DATE OF DEATH Month <u>May</u> Day <u>6</u> Year <u>1961</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>Jan. 31, 1889</u>
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Fredericktown, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Rasor</u>	
13b. MOTHER'S MAIDEN NAME <u>Mattie Jacobs</u>		14. NAME OF HUSBAND OR WIFE <u>Mart Beal</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. <u>Unknown</u>	17. INFORMANT Address <u>Records, State Hospital No. 4, Farmington, Mo.</u>
18. CAUSE OF DEATH (Enter only one full line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia - - - - -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>abt. 8 das.</u>
DUE TO (b) <u>Auricular Fibrillation with congestive heart failure - - - - -</u>			<u>Unknown.</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease - - - - -</u>			<u>Unknown.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic brain syndrome with cerebral arteriosclerosis with /</u>			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 <u>  </u> Month, Day, Year <u>  </u>		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>Dec. 11, 1959</u> to <u>May 6, 1961</u> and last saw her alive on <u>May 6, 1961</u> Death occurred at <u>1:00 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John A. Brennan, M.D.</u>		22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	22c. DATE SIGNED <u>5-14-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 16, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fredericktown, Missouri.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Adamson-Webb Funeral Home, Fredericktown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 10, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond B. Carlson

Licensed Embalmer No. 4884

P. O. Address Fredricks

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.