

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-028831

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 287

Primary Registration District No. 3048

Registrar's No. 180

FILED AUG 2 1965

VS 300  
Rev. 4/59

1 0745

2 0740

3

4 1

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7 1

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9 4201

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12 2-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Guildford</u>	
Length of stay in 1b <u>1da.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Guildford</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>HANNAH</u> First <u>BERTRUDE</u> Middle <u>LAMASTER</u> Last		4. DATE OF DEATH Month <u>7</u> Day <u>6</u> Year <u>1965</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Cau</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>3-24-1884</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 <u>home-own</u>	
11a. FATHER'S NAME <u>SAMUEL P. NELSON</u>		11b. MOTHER'S MAIDEN NAME <u>MARY E. CLAYTON</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>493-42-2598</u>	
17. INFORMANT <u>KENNETH LAMASTER</u>		Address <u>Guildford, 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>Progressive Anteroseptal Myocardial Infarct</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Myocarditis with decompensation</u> DUE TO (c) <u>Chronic Myocarditis with generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Gradual</u> <u>5 years</u>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>7:42 p.</u> a.m. <u>7/5/65</u> p.m. <u>7/6/65</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 <u>Maryville, Mo.</u>	
20g. COUNTY <u>Nodaway</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>7/5/65</u> to <u>7/6/65</u> and last saw her alive on <u>7/6/65</u> Death occurred at <u>7:42 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.R. Jackson M.D.</u>		22b. ADDRESS <u>Maryville, Mo.</u>	
22c. DATE SIGNED <u>7/23/65</u>		22d. LOCATION (City, town, or county) <u>Guildford, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-9-1965</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>WEATHERMON</u>		23d. LOCATION (City, town, or county) <u>Guildford, Mo.</u>	
24. FUNERAL DIRECTOR <u>Atchison-Maryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-26-65</u>	
26. REGISTRAR'S SIGNATURE <u>Bersa Holt</u>		27. DATE <u>7-26-65</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FEB 17 1966

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

*E. M. Altman*

Licensed Embalmer No.

*2279*

P. O. Address

*Maryville, Mo.*

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.