

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0033112

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 256

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 6 1966	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in T^b <u>20 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>315 E. Ohio St</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>315 E. Ohio St</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>Anna Evelyn Mason</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>Aug 23 1966</u></p>	
<p>5. SEX <u>female</u> 6. COLOR OR RACE <u>white</u></p>	
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>Mar 8. 1897</u> 9. AGE (last birthday) <u>69</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Clinton, Mo</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>USA</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Ben Scherler</u> 13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u> 14. NAME OF HUSBAND OR WIFE <u>Charles</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> 16. SOCIAL SECURITY NO. <u>495-20-4352</u> 17. INFORMANT <u>Mrs Veda Calvird</u> Address <u>Clinton, Mo</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u></p> <p style="text-align: center;">DUE TO (b) <u>Essential Hypertension</u></p> <p style="text-align: center;">DUE TO (c) <u>Obesity and Arteriosclerosis</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>	
<p>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.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>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>Clinton</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u></p>	
<p>21. I attended the deceased from <u>1963</u> to <u>8-23-66</u> and last saw her/him alive on <u>8-23-66</u>. Death occurred at <u>7pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <u>C. L. Glaspie Sr.</u> (Degree or title) 22b. ADDRESS <u>Clinton Mo.</u> 22c. DATE SIGNED <u>8/29/66</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>8/29/1966</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood cemetery</u> 23d. LOCATION (City, town, or county) <u>Clinton Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>Sickman-Dunning F H</u> ADDRESS <u>Clinton, Mo</u> 25. DATE RECD. BY LOCAL REG. <u>8-29-66</u> 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED: 18425, 20425, 3, 4 1, 5 2, 6, 7 0, 8 2, 9 287X, 10, 11, 12 90-2, 13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: 2

INSTEAD OF: DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ: BY AFFIDAVIT OF

OCT 11 1966

SEP 26 1966

SEP 13 1966

SEP 15 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 Stanley J. Dickman

Licensed Embalmer No. 5342

P. O. Address Clinton, N.Y.

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.

Permit Obtained 8-29-66

(Signature)