

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013889

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED APR 20 1959 Registration District No. 167 Primary Registration District No. 5606 Registrar's No. 14

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Jackson TWP		0510 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi N. of Pittsville			Length of stay in 1b 40 yrs			d. STREET ADDRESS RFD #5, Holden Mo. (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HANNAH MASKAR First Middle Last				4. DATE OF DEATH April 7 1959 Month Day Year			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-17-1876		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. 3 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper			10b. KIND OF BUSINESS OR INDUSTRY On Farm		11. BIRTHPLACE (City and state or country) Johnson County, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Maskar				14. MOTHER'S MAIDEN NAME Catherine Landow			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. Lewis Maskar, Holden, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Senile Dementia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201							INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <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 Viewed Deceased 4-11-59 and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE (Degree or title) Kelly Rawlins M.D. Coroner				22b. ADDRESS Holden Mo		22c. DATE SIGNED 3/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-13-59	23c. NAME OF CEMETERY OR CREMATORY Woods Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Johnson County, Missouri		
24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Missouri				25. DATE RECD. BY LOCAL REG. April 15, 1959		26. REGISTRAR'S SIGNATURE Mrs. G. V. Redford	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Richard Y. McDonald*.....

Licensed Embalmer No. *482*.....

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

WALTER R. RAY PAP. 2. 1955