MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-029388
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2215

FILED AUG 13 1962

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch
Length of stay in 1b: 144 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Robert Koch Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 425 Chaudet
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Effie Middle: P. Last: Cashman

4. DATE OF DEATH: Month 7 Day 29 Year 62

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 11-5-1900

9. AGE (last birthday): 61
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): Housewife---

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (City and state or country): Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: A. Brown

13b. MOTHER'S MAIDEN NAME: Effie Braun

14. NAME OF HUSBAND OR WIFE: James Cashman, deceas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---- No. (If yes, give war or dates of service): Nil---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Mary Jones Address: 425 Chaudet
Robert Koch Hospital, Koch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Staphylococcal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Staphylococcal infection l. leg — weeks
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 3-7-62 to 7-29-62 and last saw her/him alive on 7-29-62
Death occurred at 7.25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard Friedman M.D.

22b. ADDRESS: Robert Koch Hospital

22c. DATE SIGNED: 7-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-31-62

23c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery

23d. LOCATION (City, town, or county) (State): Mason City, Iowa.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: 7-31-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.