

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 291

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1210 North 3rd St.</b>		d. STREET ADDRESS (If rural, give location) <b>1210 North Third Street</b>	
3. NAME OF DECEASED (Type or Print) <b>Frank Mastin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 13 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan. 27 1881</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 24 HRS. Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Spotter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Cleaning</b>	11. BIRTHPLACE (State or foreign country) <b>Princeton, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>United States</b>		13a. FATHER'S NAME <b>John P. Mastin</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah O. Bennett</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>514-14-6551</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>George Nance, 1210 No 3 St., St Joseph</b>		ADDRESS <b>1210 No 3 St., St Joseph</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis &amp; myocardial degenerations</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Cold &amp; Bronchitis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>V</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>9 m</b> <b>10 yrs</b> <b>1 week</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>V</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>St. Joseph Buchanan Mo</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 13 1949 8:00 P m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>V</b>			
22. I hereby certify that I attended the deceased from <b>Jan 8, 1949</b> , to <b>Jan 13, 1949</b> , that I last saw the deceased alive on <b>Jan 13, 1949</b> , and that death occurred at <b>8:00 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles J. Kerrin M.D.</b>		23b. ADDRESS <b>St Joseph Mo. 221 Kirkpatrick Bldg</b>	
23c. DATE SIGNED <b>1-14-1949</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 21 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo. Buchanan</b>	
DATE REC'D BY LOCAL REG <b>Feb. 1, 1949</b>		REGISTRAR'S SIGNATURE <b>H. G. Jenkins 382</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>F. R. Sidenfaden</b>		ADDRESS <b>602 So. 10th St.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Mollie E. Sidenfaden Fox

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.