

FILED JAN 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1521

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Buckner</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner on So. Hudson street</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in her own home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Masterson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Jan. 9. 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>X</u> Min. <u>X</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>her home</u>	11. BIRTHPLACE (State or foreign country) <u>State of Ohio</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>George Gray</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>not living</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or <u>no</u>) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F.G. Masterson (a son) Buckner, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 1, 1946, to Jan. 13., 1949, that I last saw the deceased alive on Jan. 13., 1949, and that death occurred at 12 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. N. Higgins DO 2</u>	23b. ADDRESS <u>Buckner, Missouri</u>	23c. DATE SIGNED <u>1-14/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Jan. 15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-15-49</u>	REGISTRAR'S SIGNATURE <u>Jane [Signature]</u> <u>354</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>V.M. [Signature] Buckner, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed _____
Student Embalmer

Signed

Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address Buckner, Missouri

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.