

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26313

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 74

1. PLACE OF DEATH  
a. COUNTY Christian  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spokane  
c. LENGTH OF STAY (In this place) 1 Day  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE New York b. COUNTY 8310  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New York  
d. STREET ADDRESS (If rural, give location) St. Albano 119-03 220th St. L.I.

3. NAME OF DECEASED (Type or Print) a. (First) Philip b. (Middle) Masters c. (Last) Masters  
4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1950

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married  
8. DATE OF BIRTH Feb. 22 1908 9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Dept. Store 11. BIRTHPLACE (State or foreign country) New York, N.Y. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Domenic Masters 13b. MOTHER'S MAIDEN NAME Cira Tuzzolion 14. NAME OF HUSBAND OR WIFE Winifried Master

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. ? 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tuzzolino Funeral Home New York N.Y.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CORONARY Thrombosis  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c).  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 1 hour 420 R

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Aug, 1950, to 5 Aug, 1950, that I last saw the deceased alive on 5 Aug, 1950, and that death occurred at 3:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. D. Roper M.D. 23b. ADDRESS Ozark, Mo 23c. DATE SIGNED 5 Aug 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8/6/50 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) Long Island New York, N.Y.

DATE REC'D BY LOCAL REG. 8-31-1950 REGISTRAR'S SIGNATURE Lorette M. Leavard 59 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SFP 4 1950

Dist. File 950-1880

Date Filed Sept. 8, 1950

SFP 5 1950

(mirrored stamp)

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 .....  
Student Embalmer

Signed Walter E. Hamels

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.