

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1951

State File No. 3447

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 33

0977
0

1. PLACE OF DEATH
a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Saline admission: 1970
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.
d. STREET ADDRESS (If rural, give location) R. Route 4

3. NAME OF DECEASED
a. (First) Allie b. (Middle) Reuben c. (Last) Masters

4. DATE OF DEATH (Month) (Day) (Year) Feb. 7-1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH August 16, 1877 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 6 Days 1 IF UNDER 24 HRS. Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Own Farm 11. BIRTHPLACE (State or foreign country) Herndon, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mike Masters 13b. MOTHER'S MAIDEN NAME Caroline D. Masters 14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gerald Wiley-Marshall, Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Valvular heart disease - decompensated 4 days
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.

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) 4214

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Feb 3, 1951, to Feb 7, 1951, that I last saw the deceased alive on Feb 7, 1951, and that death occurred at 2:25 PM, from the causes and on the date stated above.

23a. SIGNATURE R. F. Coker (Degree or title) M.D. 23b. ADDRESS Marshall Mo. 23c. DATE SIGNED 2-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) buried 24b. DATE 2/10/51 24c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cem. Herndon, Mo. 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. Feb 10-1951 REGISTRAR'S SIGNATURE Ridney J. Gray 385 25. FUNERAL DIRECTOR'S SIGNATURE J. Leal ADDRESS _____

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

RECEIVED 2-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-13-51

FEB 14 1951

MAY 25 1951

MAR 1 1951

DEC 6 1951

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 *J. Leali Surrusny*

Licensed Embalmer No. *32857*

P. O. Address *Marshall, 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.