

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9799

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 104			
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin					
b. CITY OR TOWN Rural Farmington St. Francois		c. LENGTH OF STAY (In this place) 2 MOS. 13		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett 0352					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4				d. STREET ADDRESS (If rural, give location) Stokes House, College Avenue					
3. NAME OF DECEASED (Type or Print) HATHAWAY			a. (First) b. (Middle) M. c. (Last) MASTERSON		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1951				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH February 18, 1908			
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Days 0		IF UNDER 12 HRS. Hours 25		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Salesman			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fisk, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Thomas H. Masterson			13b. MOTHER'S MAIDEN NAME Ilah Miles			14. NAME OF HUSBAND OR WIFE Velma Hemmingway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.					
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) Maniacal Exhaustion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) making the underlying cause last. DUE TO (b) Psychosis with syphilitic meningo-encephalitis (General Paresis) 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 Abt. 8 das. Unknown.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		025X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec. 30, 1950, to March 15, 1951, that I last saw the deceased alive on March 15, 1951, and that death occurred at 6:30 A.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John A. Berman M.D.				23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 3-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 3-18-51		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett, Mo.			
DATE REC'D BY LOCAL REG. Mar. 24, 1951		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Irby Funeral Home, Rector, Arkansas					

File No. _____
DISTRICT HEALTH OFFICE No. 4

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RECEIVED

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. A. Cozer

Signed
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address Farmington, N.H.

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.