

FILED NOV 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34616**

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>136</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		<u>0352</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 East Second</u>				d. STREET ADDRESS (If rural, give location) <u>309 East Second St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u>		b. (Middle) <u>None</u>		c. (Last) <u>Masterson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 29, 1879</u>	
9. AGE (in years less birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lahne Masterson</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Masterson</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Bell Masterson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, state year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stylvia McGrew RR#1 Senath, Mo.</u>			
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) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Chronic Osteoarthritis, generalized</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>20 yrs.</u> 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 <u>20 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		<u>7230</u>		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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>June</u> , 19 <u>51</u> , to <u>Oct. 18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct. 17</u> , 19 <u>52</u> , and that death occurred at <u>4:20A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stylvia McGrew</u>				23b. ADDRESS <u>RR#1 Senath, Mo.</u>		23c. DATE SIGNED <u>10-20-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holcomb Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-20-52</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lenta Perdue</u>		ADDRESS <u>Kennett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1352

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-23-52

COUNTY FILE NUMBER 1052-294

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 Edgar Bee Ford

Licensed Embalmer No. 4433

P. O. Address Henrietta 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.