

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41250**  
3074  
Registrar's No. **2nd 6**

BIRTH NO. **57791** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY OR TOWN <b>Sikeston</b>		c. CITY OR TOWN <b>Sikeston</b>	
c. LENGTH OF STAY (in this place) <b>6 1/2 days</b>		d. STREET ADDRESS (If rural, give location) <b>409 Fletcher Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Stella</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Masterson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-4-1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>	8. DATE OF BIRTH <b>8-18-1952</b>	9. AGE (In years last birthday) <b>2</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b> IF UNDER 24 HRS. Hours <b>7</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Baby</b>	11. BIRTHPLACE (State or foreign country) <b>Sikeston, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mearl Masterson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Tucker</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mearl A Masterson</b>	ADDRESS <b>Sikeston, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 WEEKS</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MALNUTRITION</b>		
	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. <b>PULMONARY CONGESTION</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>11-3-52</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from **10-29, 1952**, to **11-4, 1952**, that I last saw the deceased alive on **11-4, 1952**, and that death occurred at **2:35 Pm.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Audra B. Sm. Jr MD</b>	22b. ADDRESS <b>217 S. KINGSBERRY WAY</b>	22c. DATE SIGNED <b>11-4-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/6/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carotner</b>	24d. LOCATION (City, town, or county) (State) <b>Rt #1 Sikeston, Mo</b>
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DATE REC'D BY LOCAL REG. <b>11-20-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	MUNICIPAL DIRECTOR'S SIGNATURE <b>E. J. Jones</b>	ADDRESS <b>Sikeston, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 24 1952  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 1652-321

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 \_\_\_\_\_

*John Allerton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address *Superior, 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.