V.S. No. 200
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8625

State File No.

FILED APR 15 1953

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 127

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 5 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 912½ S. 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville 0013
d. STREET ADDRESS (If rural, give location): 912½ S. 5th

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Walter Wilber McMaster

4. DATE OF DEATH (Month) (Day) (Year): Apr. 12, 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 30, 1885
9. AGE (In years last birthday): 66 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired City Water Works Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City of Des Moines, Ia. Laborer
11. BIRTHPLACE (State or foreign country): Adair County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Calvin McMaster
13b. MOTHER'S MAIDEN NAME: Mary Jane Huffman
14. NAME OF HUSBAND OR WIFE: Lula M. Epps McMaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lula McMaster, Kirksville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchiectasis — Many years
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: 526X
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) m.
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* 4-12, 1953, *to* 4-12, 1953, *that I last saw the deceased alive on* 4-12, 1953, *and that death occurred at* 10:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. R. Hudson M.D.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 4/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/16/53
24c. NAME OF CEMETERY OR CREMATORY: Carlisle,
24d. LOCATION (City, town, or county) (State): Carlisle, Iowa.

DATE REC'D BY LOCAL REG.: 4-13-53
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Paul McTiley, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Randall

Signed.....
Student Embalmer

Licensed Embalmer No. 4866

P. O. Address Kirksville, 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.