

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12786

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4361 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CANALOU</u>	c. LENGTH OF STAY (in this place) <u>10 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CANALOU</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0720</u>	

3. NAME OF DECEASED (Type or Print) <u>LILLIE</u>	a. (First)	b. (Middle) <u>MAY</u>	c. (Last) <u>MASTERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 7 54</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-7-1910</u>	9. AGE (In years last birthday) <u>43</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WAYNE COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK SULLIVAN</u>	13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>WESLEY MASTERS</u>
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Masters</u> ADDRESS <u>Canalou Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pellmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-1, 1954, to 4-7, 1954, that I last saw the deceased alive on 4-7, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Janko</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Rockhouse, Mo.</u>	23c. DATE SIGNED <u>4-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-9-54</u>	24c. NAME OF CEMETERY OR PREMATORY <u>Matthews Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Matthews Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-3-54</u>	REGISTRAR'S SIGNATURE <u>Thomas M. Shetter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home</u> ADDRESS <u>Dickinson Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0720  
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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 \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Raymond Grews

Licensed Embalmer No. 3467

P. O. Address Leicester 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.