

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BARNUM  
State File No. 37244  
Registrar's No. 93

FILED DEC 13 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5386

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>Mtn. View</u>		c. CITY OR TOWN <u>Mtn. View</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>R # 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Masterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1-1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb. 14-1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>16</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>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Jacob Masterson</u>		13b. MOTHER'S MAIDEN NAME <u>MALINDA MINNOW</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA K. Masterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW #1</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARA K. Masterson Mtn. View, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 Nov 29, 1954, to Dec 1, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Steady Barnum D.D.</u>		23b. ADDRESS <u>Mountain View</u>		23c. DATE SIGNED <u>12-6-54</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>12-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>Mtn. View, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-6-54</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PUNCAN'S Mtn. View, Mo.</u>			

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

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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.....  
Signature of Student Embalmer

Signed *John J. Linneman*  
Licensed Embalmer No. *257*

P. O. Address *Mt. View 4*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.