

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **260**

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 118
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 50 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 728 N. 22nd Street		e. STREET ADDRESS (If rural, give location) 2016 Colhoun Street		
3. NAME OF DECEASED (Type or Print)		a. (First) Maude	b. (Middle) Dever	c. (Last) Masters
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 10, 1884		9. AGE (In years last birthday) 70		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Pattonsburg, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Harmon		
13b. MOTHER'S MAIDEN NAME Sarah Tally		14. NAME OF HUSBAND OR WIFE Alva Masters		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. N. H. Hatfield ADDRESS 728 N. 22nd St.
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) General Carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma Kidney		1 1/2 +
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? 180 X 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 7-12 , 19 44 , to 1-29 , 19 55 , that I last saw the deceased alive on 1-29-55 , 19 55 and that death occurred at 9:55P m., from the causes and on the date stated above.				
23a. SIGNATURE Deetta Smith		23b. ADDRESS 218 N. Seventh St. Joseph 54, Missouri		23c. DATE SIGNED 2-1-55
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Jan. 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoff ADDRESS St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Feb 9, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		

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

(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 Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Raymond W. Shorehead*
Licensed Embalmer No. 4413.M

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