

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22994**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5823** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-New Madrid</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-New Madrid</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>2 Miles SW</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>D</b> c. (Last) <b>LaMastus</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 11, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 19, 1894</b>			9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Hickman, Kv.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Hesichi LaMastus</b>		13b. MOTHER'S MAIDEN NAME <b>Sutton</b>		14. NAME OF HUSBAND OR WIFE <b>Annie LaMastus</b>	
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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>Yes W. War I</b>		16. SOCIAL SECURITY NO. <b>493-32-5720</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>John D. LaMastus, New Madrid, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>Few minutes</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <b>1201</b>		20. AUTOPSY? YES <input 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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from **July, 1953**, to **July, 1955**, that I last saw the deceased alive on **9 July, 1955**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John D. LaMastus M.D.</b>		23b. ADDRESS <b>New Madrid, Mo.</b>		23c. DATE SIGNED <b>13 July 55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 13, 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hickman Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Hickman, Kv.</b>	

DATE REC'D BY LOCAL REG. <b>July 22, 55</b>		REGISTRAR'S SIGNATURE <b>Fay Hedgcock</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Richard White, New Madrid, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1957

MAY 23 1957

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 \_\_\_\_\_

*Thomas G. Roberts*

Licensed Embalmer No. \_\_\_\_\_

*4886*

P. O. Address \_\_\_\_\_

*New Madrid,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.