

FILED AUG 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25742

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>4177</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. CITY OR TOWN <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Clarkton</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY OR TOWN <u>Clarkton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) <u>Bx 74 Gen. Del. 0350</u>				
3. NAME OF DECEASED a. (First) <u>Andrew</u> (Type or Print)			b. (Middle)			c. (Last) <u>Masterson</u>		
4. DATE OF DEATH <u>July 27-55</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Jan. 3rd, 1879</u>			9. AGE (In years last birthday) <u>76</u> if UNDER 1 YEAR: Months <u>6</u> Days <u>24</u> if UNDER 2 HRS: Hours <u>1</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Spencer County Indiana</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Lahue Masterson</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Masterson</u>		
14. NAME OF HUSBAND OR WIFE <u>Minnie E. Masterson</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. XX</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>George Masterson</u>			17. ADDRESS <u>Corning Ark. Pt.</u>			18. NO. 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 Occlusion</u>			ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Degeneration.</u> 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"/>		
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) <u>4201</u>		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Quinton Tamer</u> Quinton Tamer Coroner 3			23b. ADDRESS <u>Kennett Mo.</u>			23c. DATE SIGNED <u>7/28/55</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>7-29-55</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Loyd Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Holcomb Mo.</u>			DATE REC'D BY LOCAL REG. <u>7-29-55</u>			REGISTRAR'S SIGNATURE <u>Marguerite George</u> 440-		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service</u>			ADDRESS <u>Kennett Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY  
DEPARTMENT ..... 8-16  
COUNTY FILE NUMBER 85

**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 *Edgar L. Ford*

Licensed Embalmer No. 4433..

P. O. Address Kennett 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.**