

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32305**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1136</b>		
1. PLACE OF DEATH a. COUNTY <b>Buchanan.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>19 yrs 10 M 1 day</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2.</b>				e. STREET ADDRESS (If rural, give location) <b>105 W. 39th St., 3681</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>			b. (Middle) <b>E.</b>		c. (Last) <b>MASTERSON.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-24-1955</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>		8. DATE OF BIRTH <b>8-4-1883.</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Days <b>20</b> Hours <b>0</b> Mins. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Odesa, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Camillus Wayne Masterson</b>			13b. MOTHER'S MAIDEN NAME <b>Belle Buckner Hook.</b>		14. NAME OF HUSBAND OR WIFE <b>Frankie Masterson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>none.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alice M. Aguin - 105 W 39th, Kansas City, Mo.</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Syphilis.</b>				
				DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>023X</b>	
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)				
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 <b>2-1-</b> , 1949, to <b>10-24-</b> , 1955, that I last saw the deceased alive on <b>10-24-</b> , 1955, and that death occurred at <b>9:30 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>J. H. Morrow</b>			23b. ADDRESS <b>M.D. State Hospital No. 2, St. Joseph, Mo.</b>			23c. DATE SIGNED <b>10-24-1955</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Oct 27, 1955</b>		REGISTRAR'S SIGNATURE <b>Eather M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, Kansas City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

1101 S. ...

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..... *James Hackelman*

Licensed Embalmer No..... *4573*

P. O. Address..... *Kansas City*

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.