

FILED OCT 28 1955 STANDARD CERTIFICATE OF DEATH

State File No. **35658**

BIRTH NO. **54376-55** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **153**

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 Weeks		e. STREET ADDRESS (If rural, give location) 610 Lynn St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Malcomb	b. (Middle) Wayne	c. (Last) Masterson	4. DATE OF DEATH (Month) (Day) (Year) 10 9 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8-22-1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 17	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Muriel Masterson	13b. MOTHER'S MAIDEN NAME Mary Tucker	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Masterson, Sikeston, Mo.	ADDRESS —
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		
	ANTECEDENT CAUSES Atorbid 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. Dehydration 7720			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-9, 1955**, to **10-9, 1955**, that I last saw the deceased alive on **10-9, 1955**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban	(Degree or title) M. D.	23b. ADDRESS Sikeston, Missouri	23c. DATE SIGNED 10-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-11-55	24c. NAME OF CEMETERY OR CREMATORY CARPENTER	24d. LOCATION (City, town, or county) (State) SCOTT Co MO
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DATE REC'D BY LOCAL REG. 10-22-55	REGISTRAR'S SIGNATURE Mrs. Clara Hunter	429	25. FUNERAL DIRECTOR'S SIGNATURE Walter Funeral Home - Sikeston Mo	ADDRESS —
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DATE RECEIVED

OCT 24 1955

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 1055-226

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 Crews

Licensed Embalmer No. 3467

P. O. Address Shelton, 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.