

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37615

FILED DEC 12 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY OR TOWN <u>Maryville</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 HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>301 South Depot</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>PRATT</u>	c. (Last) <u>MASTERS</u>	(Month) <u>12</u>	(Day) <u>2</u>	(Year) <u>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>8/15/91</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nodaway County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Woodrow Masters</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Eunice Smith Masters</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-09-4896</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. P. Masters, Maryville, Mo.</u>	ADDRESS
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Emboli</u>			<u>Sudden.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5721
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Perforating Diverticulitis of Colon</u> <u>Causing Paralytic Stenosis.</u> DUE TO (c) <u>Partial Strangulation of Left Sigmoid Intestine, Nerve.</u>		

19a. DATE OF OPERATION <u>11-21-55</u> <u>12-30-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Strangulated left sigmoid hernia</u> <u>Small Obstruction & repair of perforated Diverticuli</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Nov 21, 1955, to Dec. 2, 1955, that I last saw the deceased alive on Nov 2, 1955, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. R. Dasher</u> M. D.	23b. ADDRESS <u>Maryville, Missouri</u>	23c. DATE SIGNED <u>12-5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-10-55</u>	REGISTRAR'S SIGNATURE <u>Beas Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home, Maryville, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John W. Price*.....
Licensed Embalmer No. *42*

P. O. Address *Maryville*.....

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.