

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 915

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>WASHINGTON</b>		c. CITY OR TOWN <b>SULLIVAN</b>	
c. LENGTH OF STAY (in the place) <b>6 HRS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>R.R. 2 (SPRING BLUFF)</b>	
3. NAME OF DECEASED a. (First) <b>GARY</b>		b. (Middle) <b>RAY</b>	
c. (Last) <b>MASTIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 11 1956</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>CHILD</b>	8. DATE OF BIRTH <b>JULY 31, 1941</b>
9. AGE (In years last birthday) <b>14</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>5 11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>WASHINGTON, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RAY MASTIN</b>		13b. MOTHER'S MAIDEN NAME <b>PEARL HAWKINS</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Roy Mastin</b>		ADDRESS <b>Sullivan, R.R. 2</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>In auto accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Highway 2 near Springbluff Beacon light.</b> DUE TO (c) <b>Fractured skull when car rolled over him.</b> 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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 2</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>Sullivan</b>		(COUNTY) <b>Franklin</b> (STATE) <b>Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 11, 1956 4:30 P.M.</b>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Lost control of Car</b>			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Conrad R. Ottmann</b>		23b. ADDRESS <b>Conrad, Mo.</b>	
23c. DATE SIGNED <b>Jan 12, 1956</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 14, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CAVE SPRING CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SULLIVAN MO</b>	
DATE REC'D BY LOCAL REG. <b>1/13/56</b>		REGISTRAR'S SIGNATURE <b>785 Ludwig</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. Eaton</b>		ADDRESS <b>Sullivan, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*J. A. Humphrey*

Licensed Embalmer No.....

P. O. Address.....

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.