

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23144

State File No. ....

FILED JUL 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 5291 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clay</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Mo.</p>		b. COUNTY <p style="text-align: center;">Ray</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Liberty-Rural</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">2 Months</p>		c. CITY OR TOWN <p style="text-align: center;">Orrick</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Home</p>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
		e. STREET ADDRESS <p style="text-align: center;">0891</p>			

3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) <u>William</u>		b. (Middle) <u>Ira</u>		c. (Last) <u>Masters</u>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">June 7, 1956</p>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 30, 1888</u>		9. AGE (in years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>George Otto Masters</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Magdalene Masters</u>			14. NAME OF HUSBAND OR WIFE <u>Eva Muriel Brown</u>					
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>NO.</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harold Williams</u>			ADDRESS <u>Richmond, Mo.</u>		

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>Carcinoma Stomach</u>		b. <u>Metastases</u>				c. <u>6 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) _____					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>Laparotomy - Exploratory</u>						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) <p style="text-align: center;">151X</p>					
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 Apr. 19 56 to June 7, 1956, that I last saw the deceased alive on July 6, 1956, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

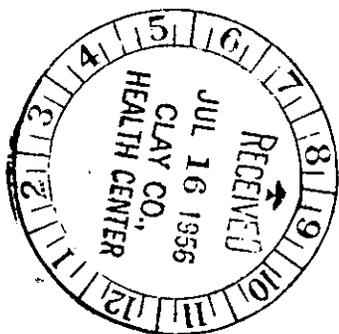
23a. SIGNATURE <u>Glenn W. Shudson MD</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>6/8/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-10-56</u>		REGISTRAR'S SIGNATURE <u>Mabel Strahane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Good</u>		ADDRESS <u>Orrick, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PEANILY—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 *Charles F. Tyler*  
Licensed Embalmer No. *453*  
P. O. Address *Liberty*

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.