No. 300
10-48

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

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24294

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clay
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of Daughter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clay 0540
d. STREET ADDRESS (If rural, give location): 5 mi N.W. Odessa, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Ewell
b. (Middle): Thomas
c. (Last): Masterson

4. DATE OF DEATH (Month) (Day) (Year): July 23 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 27, 1869
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Missouri, Lafayette
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Quintus Masterson
13b. MOTHER'S MAIDEN NAME: Amanda Berry
14. NAME OF HUSBAND OR WIFE: Annie Mary Kite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Elsea Osborne, Odessa, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: approx 5 yr

ANTECEDENT CAUSES

Morbid 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. Chronic myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 592X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1956, *to* July 23, 1956, *that I last saw the deceased alive on* July 23, 1956, *and that death occurred at* 1:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. F. Slaughter, DO
23b. ADDRESS: Odessa, Mo
23c. DATE SIGNED: 7/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: July 25, 1956
24c. NAME OF CEMETERY OR CREMATORY: Campbell
24d. LOCATION (City, town, or county) (State): Odessa, Lafayette, Mo.

DATE REC'D BY LOCAL REG. 7-25-1956
REGISTRAR'S SIGNATURE: Emma Davidson by Marguerite Davidson
FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ralph O. Jones Odessa Mo.
(Licensed Embalmer's Statement on Reverse Side)

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ralph O Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4604

P. O. Address Edna, Tex

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 this body is not embalmed, fact should be so stated above.