

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24483

State File No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>New Madrid</u>		c. CITY OR TOWN <u>New Madrid</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (to this place) <u>70 Years</u>		e. STREET ADDRESS (If rural, give location) <u>Mott. St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		072/0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lawrence</u>	b. (Middle) <u>Masterson</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 15, 1882</u>	9. AGE (to years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fisherman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Elijah Masterson</u>	13b. MOTHER'S MAIDEN NAME <u>Rosetta Faulkner</u>	14. NAME OF HUSBAND OR WIFE <u>Althia Masterson</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>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Hartman</u>	ADDRESS <u>New Madrid, Mo.</u>
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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, asphyxia, 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) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Diabetic Mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. 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) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Louis J. Smith M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>New Madrid Mo.</u>	23c. DATE SIGNED <u>July 5, 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6 July 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>23 July 56</u>	REGISTRAR'S SIGNATURE <u>Fay W. Dyer, peth</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertaking Co.</u>	ADDRESS <u>New Madrid,</u>
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(Licensed Embalmer's Statement on Reverse Side)

110.

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

S. No. 300
V. 10-48

Smith

512

DATE RECEIVED JUL 24 1956
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 Tommy S. Roberts.....
Licensed Embalmer No. 4886.....
P. O. Address New Madrid.....

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.