. Health,
& Welfare
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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13780
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in lb 10 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Odessa 0540 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) West Main — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Nannie Middle Isabelle Last Masterson
4. DATE OF DEATH Month Day Year March 31, 1957
5. SEX Fe.
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Oct. 14, 1873
9. AGE (In years last birthday) 83 — 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) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lafayette Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Dave Martin
14. MOTHER'S MAIDEN NAME Kitty-
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 Address Mrs. Roy Osborn, Odessa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 7:15 AM Mar 31 1957
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Odessa Lafayette COUNTY STATE Mo

21. I attended the deceased from Sudden Cardiac Death and last saw her/him alive on
Death occurred at 7:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Chadwick M.D. 0
22b. ADDRESS Odessa Mo
22c. DATE SIGNED 4/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr. 2, 1957
23c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery
23d. LOCATION (City, town, or county) (State) Nesr Odessa, Mo.

24. FUNERAL DIRECTOR ADDRESS Husman-Sparks, Odessa, Mo.
25. DATE RECD. BY LOCAL REG. 4. 2, 1957
26. REGISTRAR'S SIGNATURE Emma Davidson

Tony L. Husman
(Licensed Embalmer's Sta...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 443

P. O. Address Odessa,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.