

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16416

STATE FILE NUMBER

 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 274

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>All A. Themis</u>		Length of stay in lb <u>60 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>411 A Themis</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Mary</u>		Middle <u>Ellen</u>		Last <u>Masterson</u>		Month <u>May</u> Day <u>15</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 7 1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13. FATHER'S NAME <u>Isiah Poe</u>				14. MOTHER'S MAIDEN NAME <u>Martha E. Williams</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mary Francis Ford</u> Address <u>Cape Girardeau Mo</u>			
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Macrocytic Anemia Pernicious Anemia</u> 3 yrs Conditions, if any, which gave rise to above cause (a): DUE TO (b) <u>Achlorhydria - Gall bladder dysfunction</u> 4 yrs DUE TO (c) <u>Chronic Arthritis - Virus Infection</u> 5 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>2900</u> INTERVAL BETWEEN ONSET AND DEATH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>May 1954</u> to <u>May 15 1957</u> and last saw her alive on <u>5-14-57</u> Death occurred at <u>6:55 A m</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. Marquette Fuller D.O.</u>				22b. ADDRESS <u>238 N. Pacific Cape Girardeau Mo.</u>		22c. DATE SIGNED <u>5-18-57</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>5/17/57</u>		<u>New Lorimer Cem Cape Girardeau Mo</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Ford + Sons Cape Girardeau</u>				25. DATE RECD. BY LOCAL REG. <u>5-20-1957</u>		26. REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, &amp; Welfare Public Service

S. 300  
V. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in no specific manner required by law.

44-0

MAR 11 1957

**STATEMENT BY LICENSED EMBALMER**

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William E. Fraser*.....

Licensed Embalmer No...42...

P. O. Address *Cape Sable*  
*mo*

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