

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

258220

STATE FILE NUMBER

FILED AUG 1 1957

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Odessa</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Schleicher Rest Home</u>			Length of stay in 1b <u>1 Yr.</u>		d. STREET ADDRESS (If outside, give location) <u>Odessa</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Quintus</u> Last <u>Masterson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1957</u>		
5. SEX <u>Male</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>June 26, 1871</u>	9. AGE (In years of birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u> Hours <u>4</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lafayette Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Quintus Masterson</u>			14. MOTHER'S MAIDEN NAME <u>Amanda Berry</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>None</u>	17. INFORMANT Address <u>James Hannah, Odessa, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia (Hypostatic)</u> DUE TO (b) <u>Fx right wrist &amp; laceration of hand</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 wks.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pt. developed severe decubitus ulcers of hip</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Patient fell down stairs at rest home</u>				
20c. TIME OF INJURY Hour <u>7:00</u> Month <u>June</u> Day <u>26</u> Year <u>57</u> p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Higginville</u>		20g. COUNTY <u>Lafayette</u>		20h. STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. E. Fulmer M.D.</u>			22b. ADDRESS <u>Higginville Mo</u>		22c. DATE SIGNED <u>7-21-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 14, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Odessa, Lafayette Co. MO.</u>	
24. FUNERAL DIRECTOR <u>Husman-Sparks</u> Address <u>Odessa, Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>7-24-57</u>		26. REGISTRAR'S SIGNATURE <u>Manis D. Bailey</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, illness, or injury must be causally related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 400-56

(Licensed Embalmer's Statement on Reverse Side)

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 *James H. Keenan* \_\_\_\_\_

Licensed Embalmer No. *78*

P. O. Address *Albany*

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