Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021013
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 604

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Kansas b. COUNTY: Doniphan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Troy 8150 8 — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo.Meth.Hosp. — Length of stay in 1b: 28 days	d. STREET ADDRESS (If outside, give location): R. R.#2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First: HARRY	Middle: LAFAYETTE	Last: MASTERS
4. DATE OF DEATH	Month: June	Day: 7	Year: 1958
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Aug. 14, 1905
9. AGE (In years last birthday): 52	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: farm	11. BIRTHPLACE (City and state or country): Saligman, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Asbury Masters	13b. MOTHER'S MAIDEN NAME: Julia Johns	14. NAME OF HUSBAND OR WIFE: Marian	
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.: unknown	17. INFORMANT: Mrs. Harry Masters, Address: R.R. #2, Troy, Kansas	

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): Carcinomatosis Gen. — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Carcinoma of lung — ?

DUE TO (c): 163 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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

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 — COUNTY — STATE

21. I attended the deceased from 9 May 1958, to 7 June 58 and last saw ~~her~~ him alive on 7 June 58

Death occurred at 12:05a. m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Mothershead MD	22b. ADDRESS: 2603 Fredrick	22c. DATE SIGNED: 9 Jan 58
23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 6/7/1958	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State): Troy, Kansas		
24. FUNERAL DIRECTOR: Heaton Bowman — ADDRESS: St.Joseph,Mo.	25. DATE RECD. BY LOCAL REG.: June 10, 1958	26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

40

AUG 18 1958

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 Eugene Wood

Licensed Embalmer No. 3844

P. O. Address 319 So 10th, St J

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.