

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044749

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 172

Primary Registration District No. 4272

Registrar's No. 90

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Waverly
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waverly Mo.		Length of stay in 1b 40yrs	d. STREET ADDRESS (If outside, give location) Waverly Mo.
3. NAME OF DECEASED (Type or print) First Middle Last Zelder Masterson Landrum			4. DATE OF DEATH Month Day Year 12-21-58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 20 1877
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	10. CITIZEN OF WHAT COUNTRY? U.S.A.
11a. FATHER'S NAME John Masterson		11b. MOTHER'S MAIDEN NAME Sally Jones	11. NAME OF HUSBAND OR WIFE Clayton Landrum.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		12. SOCIAL SECURITY NO. none	12. INFORMANT C.J. Landrum (Waverly Missouri)
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Renal Disease			INTERVAL BETWEEN ONSET AND DEATH ??
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of right hip on morning of Oct. 4th, 1958			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in home	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 10-4-58 p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Waverly Lafayette Mo. Miss
21. I attended the deceased from 10-4-58 to 12-21-58 and last saw her/him alive on 12-20-58 Death occurred at 5:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gayles Kelling M.D.		22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 12-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-23-58	23c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery
24. FUNERAL DIRECTOR Marshall F. Home		24. ADDRESS (Carrollton Mo)	25. DATE RECD. BY LOCAL REG. Dec. 24 - 1958
		26. REGISTRAR'S SIGNATURE Lutia Gordon Jordan	

VS
MAY 19 1960

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 *R. M. Marshall*

Licensed Embalmer No. *25-25-*

P. O. Address *Carrollton N*

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.