

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014089

FILED VS MAY 16 1960 / 0

3012

121

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico,		Length of stay in 1b 2 Days		c. CITY OR TOWN Vandalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 201 E. Woodlawn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lillie Middle May Last Masters				4. DATE OF DEATH Month May Day 6 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-2-79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ralls County Mo		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME William Jackson			13b. MOTHER'S MAIDEN NAME Addie Webb			14. NAME OF HUSBAND OR WIFE Thomas Foster Masters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. — ?		17. INFORMANT A. L. Masters			Address Vandalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Carcinoma							INTERVAL BETWEEN ONSET AND DEATH 6 mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
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 a.m. p.m. Month, Day, Year									
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 5-5-60 to 5-6-60 and last saw her alive on 5-6-60 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Walter D. Codes M. D.				22b. ADDRESS Mexico Mo				22c. DATE SIGNED 5-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetary		23d. LOCATION (City, town, or county) Vandalia, Missouri.				
24. FUNERAL DIRECTOR William B Waters Vandalia Mo.				25. DATE RECD. BY LOCAL REG. May 7-1960		26. REGISTRAR'S SIGNATURE Blanche Neely			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1960
NJC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Blanton

Licensed Embalmer No. 4169

P. O. Address Vandalia, Mo.

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