

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3524

4-22  
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FILED JAN 26 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u> c. LENGTH OF STAY (In this place) <u>6 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> d. STREET ADDRESS (If rural, give location) <u>257 South Jefferson</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Masters</u>			4. DATE OF DEATH <u>January 15-1950</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 28-1874</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>17</u>	
11. BIRTHPLACE (State or foreign country) <u>Herndon- Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Masters</u>		13b. MOTHER'S M maiden NAME <u>Eliza Ballard</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Smiley Masters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>502-2623801</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Smiley Masters</u> ADDRESS <u>Marshall, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, prostate</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>177X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2 Aug., 1949</u> , to <u>15 Jan., 1950</u> , that I last saw the deceased alive on <u>15 Jan., 1950</u> , and that death occurred at <u>7:00</u> p. m., from the causes and on the date stated above.					
23a. SIGNATURE <u>D. F. Lihen</u> (Degree or title)		23b. ADDRESS <u>Mo Marshall, Mo</u>		23c. DATE SIGNED <u>16 Jan 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>Jan. 17-1950</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Swartz</u> ADDRESS <u>Marshall, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 23

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-25-50

MAR 28 1950

### 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 \_\_\_\_\_

Student Embalmer

Signed \_\_\_\_\_

*J. Leslie Sweeney*

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo

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 this body is not embalmed, fact should be so stated above.