

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3524

State File No.

WRITE PLAINLY—USING BLACK INK—MAKING A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO.	324	PRIMARY REG. DIST. NO.	3072	Registrar's No.	12
1. PLACE OF DEATH		a. COUNTY		b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)	
a. COUNTY Saline		b. CITY Marshall, Mo.		c. LENGTH OF STAY 6 YRS.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		Fitzgibbons Hospital					
3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
4. SEX		5. COLOR OR RACE	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	7. DATE OF BIRTH	8. AGE (In years last birthday)	9. IF UNDER 1 YEAR Months	10. IF OVER 1 YEAR Days
Male		White	Married	May 28-1874	75	7 17	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Farmer		Operated Large		Herndon- Missouri		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
George Masters		Eliza Ballard		Lillie Smiley Masters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
		502-16-3801		Mrs. Lillie Smiley Masters		Marshall, Mo.	
MEDICAL CERTIFICATION							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, prostate</u>							
2. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____							
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		(STATE)	
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 2 Aug 1949, to 15 Jan 1950, that I last saw the deceased alive on 15 Jan 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. F. Wilson</i>		(Degree or title) (b) M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 16 Jan 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 18-50		24c. NAME OF CEMETERY OR CREMATORIAL Ridge Park Cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 385 Sidney J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Leslie Sawyer</i>		ADDRESS Marshall, Mo.	

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. 32354

P. O. Address *Marshall, MI*

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.