THE DIVISION OF HEALTH OF MISSOURI

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11667

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 42

1. PLACE OF DEATH

a. COUNTY: HENRY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON

c. LENGTH OF STAY (in this place): 4 MO.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CLINTON GENERAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MO

b. COUNTY: HENRY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DAVIS TWP. 0423

d. STREET ADDRESS (If rural, give location): MONTROSE RR 1

3. NAME OF DECEASED (Type or Print): a. (First) HARVE b. (Middle) JAMES c. (Last) MAST

4. DATE OF DEATH: (Month) APRIL (Day) 17 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 23, 1877

9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months: 3 Days: 24 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: —

11. BIRTHPLACE (City and State or Foreign Country): LIVINGSTON Co. MO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEO. H MAST

13b. MOTHER'S MAIDEN NAME: MALINDA EKEHORN

14. NAME OF HUSBAND OR WIFE: Barbara M. Mast

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.: NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ralph Mast, Montrose, Mo. RR 1

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancerous Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

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.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 15/X

20. AUTOPSY? YES ☐ NO ☐

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? _____

22. *I hereby certify that I attended the deceased from* 1-1, 1954, *to* 4-17, 1955, *that I last saw the deceased alive on* 4-17, 1955, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Walker M.D.

23b. ADDRESS: Clinton Mo

23c. DATE SIGNED: 4-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: APRIL 19, 55

24c. NAME OF CEMETERY OR CREMATORY: ~~STONE CHAPEL~~ Stone Chapel

24d. LOCATION (City, town, or county) (State): Montrose, Mo. RR.

DATE REC'D BY LOCAL REG.: April-18-55

REGISTRAR'S SIGNATURE: Florence Adair

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. L. Vansant Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

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