

FILED SEP 29 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER
124 69 0037064

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 272

DO NOT WRITE ON THIS STUB

9. 0

10a. 94

10b.

11. 0

12. 2

13. 582X

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0421

5. 03

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0420

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Walter		Masters			2. male	3. Sept 22, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. white		5a. 94	5b.	5c.	6. Mar 23, 1875		7a. Henry
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Windsor			7c. yes	7d. Windsor Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12.		13a. carpenter			13b.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Missouri		14b. Henry	14c. Calhoun		14d. yes	14e.	
FATHER—NAME			MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. C.C. Masters					16. Elizabeth A. Price		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Eugene Masters				17b. Calhoun, Mo			
PART I		DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18.		IMMEDIATE CAUSE					
(a)		Circulatory Collapse				instant	
DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Uremia				10 days	
DUE TO, OR AS A CONSEQUENCE OF:							
(c)		Chronic Renal Failure				6 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
					19a. no	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. no		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		Aug 10 1969		21b. TO	Sep 22 1969		21c. 9-22-69
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		4:30 AM		22		1969	
22b.		M.		22c. 22		HOUR: 4:30 AM	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Wm. J. Smith, M. D.		23b. <i>William J. Smith MD</i>		23c. 9-24-69			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23d. Wm. J. Smith, M. D.		103 W. Colt St.		Windsor, Missouri	65360		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Calhoun cemetery		24c. Calhoun		Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Sept 24, 1969		25a. Sickman & Dunning F H Clinton Missouri					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. <i>John Sickman</i>		25c. <i>Melcedo Bigum</i>		25d. Sept. 24, 1969			

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 John F Sickman, Student Embalmer No. 863

working under my personal supervision.

Student John F Sickman
Signature of Student Embalmer

Signed

R. A. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

Permit obtained 9-24-69
WB