

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24294**

BIRTH NO. _____ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **5637** Registrar's No. **30**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Lafayette		a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Clay		c. CITY (If outside corporate limits, write RURAL and give township) Rural Clay	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 5 mi N.W. Odessa, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Daughter			

3. NAME OF DECEASED (Type or Print)	a. (First) Ewell	b. (Middle) Thomas	c. (Last) Masterson	4. DATE OF DEATH (Month) (Day) (Year) July 23 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 27, 1869	9. AGE (In years last birthday) 87	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Missouri, Lafayette	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Quintus Masterson	13b. MOTHER'S MAIDEN NAME Amanda Berry	14. NAME OF HUSBAND OR WIFE Annie Mary Kite
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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 Mrs Elsea Osborne, Odessa, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		approx 5 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 592x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 5, 1956, to July 23, 1956, that I last saw the deceased alive on July 23, 1956, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. F. Slaughter, D.O.	23b. ADDRESS Odessa, Mo.	23c. DATE SIGNED 7/24/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 25, 1956	24c. NAME OF CEMETERY OR CREMATORY Campbell	24d. LOCATION (City, town, or county) (State) Odessa, Lafayette, Mo.
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DATE REC'D BY LOCAL REG. 7-25-1956	REGISTRAR'S SIGNATURE Emma Davidson	FUNERAL DIRECTOR'S SIGNATURE Ralph O. Jones	ADDRESS Odessa, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

4530

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph O Jones

Signed.....
Student Embalmer

Licensed Embalmer No. *4604*

P. O. Address *Odessa, Fla*

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.