

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33258

State File No. _____

XC-1488966
RN12123

FILED NOV 8 - 1956

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 514

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Poplar Bluff	c. LENGTH OF STAY (in this place) 86 days	c. CITY OR TOWN Jackson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) Route # 1	

3. NAME OF DECEASED (Type or Print) a. (First) Pearl	b. (Middle) Dewitt	c. (Last) Masterson	4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 2-25-93
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Shawmeetown, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ed Masterson	13b. MOTHER'S MAIDEN NAME Julia Sides	14. NAME OF HUSBAND OR WIFE none
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWI	16. SOCIAL SECURITY NO. 078-05-1120	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
---	---	---	---------

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) Bronchogenic carcinoma		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. VA	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 **July 26, 1956**, to **Oct. 20, 1956** and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William L. Donham	(Degree or title) Officer of Day	23b. ADDRESS VAH, POPLAR BLUFF, MO.	23c. DATE SIGNED 10-20-56
--	---	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 22, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Jackson, Mo.
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. 10/25/56	REGISTRAR'S SIGNATURE W. L. Donham	25. FUNERAL DIRECTOR'S SIGNATURE W. L. Donham	ADDRESS Jackson, Mo.
---	--	---	--------------------------------

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

489-0

RECEIVED
NOV 2 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

11/2/56

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.....
Signature of Student Embalmer

Signed *Gene C. Cunniff*.....

Licensed Embalmer No. *432*.....

P. O. Address *Jackson, TN*.....

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.