

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26009

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5712 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Bollinger,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri.</u> b. COUNTY <u>Bollinger,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lorraine.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lorraine.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laflin Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Laflin, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Ephram</u>	
c. (Last) <u>Masters,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-21-1878</u>
9. AGE (10 years last birthday) <u>71</u>		if UNDER 1 YEAR (Months) <u>11</u>	if UNDER 12 HRS. (Days) (Hours) (Mts.) <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming,</u>	
11. BIRTHPLACE (State or foreign country) <u>Daisy Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alvin J. Masters,</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Crites,</u>	
14. NAME OF HUSBAND OR WIFE <u>Lara Louise Masters,</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Masters, Laflin, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis a/p/opia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>none</u>		DUE TO (c) <u>none known</u>	
11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>none known</u>		334X	
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) (Min.)		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 <u>Sept. 14, 1947</u> , to <u>Sept. 5, 1950</u> , that I last saw the deceased alive on <u>Sept 2, 1950</u> , and that death occurred at <u>9:50</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. M. Minney M.D.</u>		23b. ADDRESS <u>White Water Mo.</u>	
23c. DATE SIGNED <u>Sept 5 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkes Chaple, Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Laflin Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Shultz, Loretto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 11-1950</u>		REGISTRAR'S SIGNATURE <u>Mellie Van Amburgh</u>	

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

2090

RECEIVED

SEP 13 1950

DISTRICT HEALTH OFFICE No. 6

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.

Signed _____

A. J. Lorberg

Signed _____
Student Embalmer

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.