

0190

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. FILED FEB 8 1954 (REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 17)

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Peculiar Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural West Holston 0190</b>	
c. LENGTH OF STAY (in this place) <b>3 1/2 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural 1/2 mi. South Cleveland Mo.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Pleasant View Rest Home Harrisonville Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Robert</b> c. (Last) <b>Masterason</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 30-1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Nov. 16-1872</b>
9. AGE (In years last birthday) <b>81</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery Co. Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Thomas Masterason</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Guisenberry</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Masterason</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Archie Job. Peculiar Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 mo.</b>  <b>years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Liver</b>		
	DUE TO (c) <b>Liver Cirrhosis</b>		
11. 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 <b>1561</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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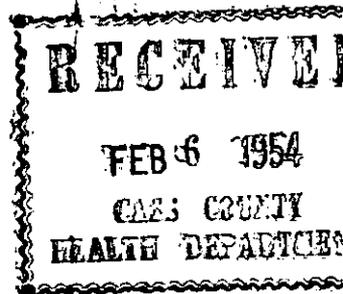
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 5, 1953**, to **Jan 30, 1954**, that I last saw the deceased alive on **Jan 30, 1954**, and that death occurred at **1:54 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) of <b>A. P. Krosch M.D.</b>	23b. ADDRESS <b>Harrisonville Mo. Hotel 1, 1954</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Feb 1-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Helen Wild Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>2 mi. South Cleveland Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 2 54</b>	REGISTRAR'S SIGNATURE <b>Dora Barwood 457</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. Myers</b>	ADDRESS <b>Cleveland Mo.</b>
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**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

*Geo. E. Myers*

Licensed Embalmer No.

*2517*

P. O. Address

*Cleveland 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.