

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3071**
Registrar's No. **0717**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY		b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
a. COUNTY		b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				e. STREET ADDRESS (If rural, give location) 0644			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Patricia			b. (Middle) Ann			c. (Last) Masters	
a. (First) Patricia			b. (Middle) Ann			c. (Last) Masters	
a. (First) Patricia			b. (Middle) Ann			c. (Last) Masters	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 5, 1938	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 5, 1938	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 5, 1938	
9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Mtn.	
9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Mtn.	
9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY School			11. BIRTHPLACE (City and State or Foreign Country) Maryville, Missouri.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY School			11. BIRTHPLACE (City and State or Foreign Country) Maryville, Missouri.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY School			11. BIRTHPLACE (City and State or Foreign Country) Maryville, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
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13a. FATHER'S NAME Ted J. Masters			13b. MOTHER'S MAIDEN NAME Anna Wickory Masters			14. NAME OF HUSBAND OR WIFE Never Married	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None.			17. INFORMANT'S SIGNATURE OR NAME Ted J. Masters, Hannibal, Missouri.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None.			17. INFORMANT'S SIGNATURE OR NAME Ted J. Masters, Hannibal, Missouri.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None.			17. INFORMANT'S SIGNATURE OR NAME Ted J. Masters, Hannibal, Missouri.	
MEDICAL CERTIFICATION							
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.						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulceromembranous enteritis						5 wks.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis due to staphylococcus aureus						2 wks.	
19a. DATE OF OPERATION						19b. MAJOR FINDINGS OF OPERATION	
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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)	
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)	
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.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 5722	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 5722	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 5722	
22. I hereby certify that I attended the deceased from Dec. 29, 1953 , to Jan. 21, 1954 , that I last saw the deceased alive on Jan. 21, 1954 , and that death occurred at 10:25p.m. , from the causes and on the date stated above.							
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23a. SIGNATURE J. Carl Smith M.D.			23b. ADDRESS Barnes Hospital			23c. DATE SIGNED 1-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-22-54		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-22-54		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1954

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 *John S. Dennehy*
John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address.....

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.