

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012216
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 69

VS 300
Rev. 4/59

1 0817

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Rolla	
Length of stay in 1b 15-00		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Phelps Co., Hosp.		d. STREET ADDRESS (If outside, give location) 904 West 11th	
3. NAME OF DECEASED (Type or print) First CECILE Middle JEANETTE Last MASTERSON		4. DATE OF DEATH Month March Day 9 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-95
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Vienna, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Carroll	
13b. MOTHER'S MAIDEN NAME Melissa Gillespie		14. NAME OF HUSBAND OR WIFE Jesse Masterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. XX	
17. INFORMANT Mr. Jesse Masterson		Address 904 West 11th Rolla, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ingernal attacks for 1 wk.			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY. STATE	
21. I attended the deceased from 6-2-58 to 3-9-63 and last saw her live on 3/8/63 Death occurred at C.P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. Stucker M.D.		22b. ADDRESS Rolla, Mo	
22c. DATE SIGNED 3-12-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-12-63	23c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	23d. LOCATION (City, town, or county) (State) Vienna, Missouri
24. FUNERAL DIRECTOR By Paul E. Hull		25. DATE RECD. BY LOCAL REG. Mar. 12 1963	26. REGISTRAR'S SIGNATURE Nadene L. Stoll

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 21 1963

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.