

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25220

STATE FILE NUMBER

FILED AUG 1 1957

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Odessa Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Schleicher Rest Home		d. STREET ADDRESS (If outside, give location) 1 Yr. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Arthur Middle Quintus Last Masterson			4. DATE OF DEATH Month July Day 12 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1871	9. AGE (In years of birthday) 85	IF UNDER 1 YEAR Months 0 Days 4 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME Quintus Masterson	14. MOTHER'S MAIDEN NAME Amanda Berry
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address James Hannah, Odessa, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia (Hypostatic)		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fr right wrist & laceration of hand	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pt. developed severe decubitus ulcers after fall		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) Patient fell down stairs at rest home
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20c. TIME OF INJURY Hour 2:00 Month 6 Day 26 Year 57 p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	20e. CITY, TOWN, OR LOCATION Higginville	20f. COUNTY Lafayette	20g. STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Fulmer M.D.	22b. ADDRESS Higginville Mo	22c. DATE SIGNED 7-21-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 14, 1957	23c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery	23d. LOCATION (City, town, or county) (State) Odessa, Lafayette Co. MO.
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24. FUNERAL DIRECTOR Husman-Sparks	25. DATE RECD. BY LOCAL REG. 7-24-57	26. REGISTRAR'S SIGNATURE Mani D. Bailey
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
400

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 *James H. Husman*

Licensed Embalmer No. *75*

P. O. Address *Albany*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.