THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004726
STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 53 Primary Registration District No. Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Cape Girardeau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes X No ☐	c. CITY OR TOWN Cape Girardeau 0164 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis — Length of stay in 1b: 1 hour	d. STREET ADDRESS 405 E. Cape Rock Dr. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	Robert	Allen	Masterson		March 1		,1958

5. SEX	6. COLOR OR RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	X / ☐ / ☐ / ☐	May 5, 1923	34	9 / 26	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Cement Worker	Mfgr.	Jackson Rt#1 Mo.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gilbert Masterson	Lula Clementz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
Yes	W.W.#2	487 20 7678	Mrs. Betty Masterson Cape Girardeau

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Spinal fracture — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 9100

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 23

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
X	☐	☐	Automobile fell on him

20c. TIME OF INJURY: Hour a. m. / p. m.; Month, Day, Year: 1 mar 58

20d. INJURY OCCURRED WHILE AT WORK	NOT WHILE AT WORK	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
☐	X	Home	Cape Girardeau	115	Mo

21. I attended the deceased from _____ to _____ and last saw her / 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)	22b. ADDRESS	22c. DATE SIGNED
M.D.	Cape Girardeau Mo	8 Mar 58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	March 4, 1958	Memorial Park	Cape Girardeau Mo

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Brinkopf Howell Cape Girardeau	March 8, 1958	Mrs. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 26 1958

MAR 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neil K. Grossheider.....

Licensed Embalmer No. 49

P. O. Address Cape Girard

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.