

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1031

State File No.

FILED FEB 9 1949

BIRTH NO. REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Center Township</u> TOWN <u>Bois Darc, Mo., R.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Center Township</u> TOWN <u>Bois Darc, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Bois Darc, Mo. R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Center Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elba</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>MASON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 23 - 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1883</u> <u>February 21 - 1883</u>	9. AGE (In years) (If under 1 year last birthday) (If under 12 mos. Months) (If under 24 hrs. Days) (Hours) (Min.) <u>65</u> <u>11</u> <u>2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph West</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Loren B. Mason</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loren B. Mason</u>	ADDRESS <u>Bois Darc, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2-3 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>32 X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>32 X</u>	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)
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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?
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22. I hereby certify that I attended the deceased from Jan 23, 1946, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. O.</u>	(Degree or title)	23b. ADDRESS <u>Springsfield Mo</u>	23c. DATE SIGNED <u>1-24-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-25-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bois Darc, Mo. R.</u>
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DATE REC'D BY LOCAL REG. <u>1-24-1949</u>	REGISTRAR'S SIGNATURE <u>Drew B. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucas A. Brim</u>	ADDRESS <u>Walnut Ave Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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S. No. 300
V. 10.48

RECEIVED

Greene County Health Office,

County File Number ~~#~~ 49-2-10

Date Filed 2-8-49

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 _____

James R. Phillips

Student Embalmer No. 215

working under my personal supervision.

Student *James R. Phillips*
Student Embalmer

Signed *Green A. Barr*

Licensed Embalmer No. 2664

P. O. Address *Walnut Grove 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.