

STANDARD CERTIFICATE OF DEATH

94
7

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Leadwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>-----</u> c. (Last) <u>Mason</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 23, 1887</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 11 HRS. Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housemaid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuella Mason</u>	
13b. MOTHER'S MAIDEN NAME <u>Jessie Edison</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emmett Mason</u>
17. ADDRESS <u>Leadwood Mo.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>A poplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		5 years	
DUE TO (c) <u>ca 115</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Neither</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Leadwood Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>	
22. I hereby certify that I attended the deceased from <u>Feb 7</u> , 19 <u>49</u> , to <u>Feb 15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 15</u> , 19 <u>49</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles Sutton B.S.M.D.</u>		23b. ADDRESS <u>114 Clon St 13me Terre</u>	23c. DATE SIGNED <u>Feb 17 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/17/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 17, 1949</u>	REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bert L. Boyer</u>	ADDRESS <u>Leadwood Mo.</u>

RECEIVED

OFFICER No. 4

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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

William E. Beyer

Student Embalmer No. _____

working under my personal supervision.

Student *William E. Beyer*
Student Embalmer

Signed *Bert L. Beyer*

Licensed Embalmer No. *3445*

P. O. Address *Leadwood 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.