

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 18506

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 178	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 6		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville			
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O.S. Hospital				d. STREET ADDRESS (If rural, give location) 806 W. Shelby			
3. NAME OF DECEASED (Type or Print) a. (First) Lena		b. (Middle) Pearl		c. (Last) Mason		4. DATE OF DEATH (Month) (Day) (Year) June 15 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 23, 1894	
				9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elijah C. Baker			13b. MOTHER'S MAIDEN NAME Mary P. Halley			14. NAME OF HUSBAND OR WIFE Fred Mason	
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'S SIGNATURE OR NAME Fred Mason, Kirksville, Mo. ADDRESS			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Malignancy (abdominal) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH 10 hrs. 6 mos. 1991
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from Dec. 11, 1948 , to June 15, 1949 ; that I last saw the deceased alive on June 15, 1949 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed or typed) <i>M. T. Suter</i>				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 6-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/19/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cmt.		24d. LOCATION (City, town, or county) (State) Macon Co., Missouri	
DATE REC'D BY LOCAL REG. 6-16-49		REGISTRAR'S SIGNATURE <i>Kate Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul M. R...</i>		ADDRESS Kirksville, Mo.	

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

RECEIVED

District Health Officer No. 10

District File Number 6-49-1056

Date Filed JUN 20 1949

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.

Signed Roy H. Mercer

Signed _____
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kerhville, MD.

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.