No. 300
10.48

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

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23986

State File No.

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5648 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mt Pleasant
c. LENGTH OF STAY (in this place): Instant death
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Public Road 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OKLAHOMA b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-RI-HOMINY-
d. STREET ADDRESS (If rural, give location): R1 Hominy Okla

3. NAME OF DECEASED (Type or Print)
a. (First): Albert b. (Middle): Eugene c. (Last): Mason

4. DATE OF DEATH (Month) (Day) (Year): JULY 15 1949

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 11, 1904
9. AGE (In years last birthday): 45 — If under 1 year: Months 6 Days 4 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pumper
10b. KIND OF BUSINESS OR INDUSTRY: Gulf Oil Corp.
11. BIRTHPLACE (State or foreign country): Dont Know
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dont Know
13b. MOTHER'S MAIDEN NAME: Dont Know
14. NAME OF HUSBAND OR WIFE: Schula Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 440-09-1788
17. INFORMANT'S SIGNATURE OR NAME: Dewey Stanford — ADDRESS: Monett Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basil fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) & Broken Neck — Passenger in Car
DUE TO (c) one Car Involved

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* left road & truck Bridge & overturned

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mt Pleasant Township - Lawrence - Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car wreck - 1-Car Involved

22. I hereby certify that I attended the deceased from after death, to ____, 19____, that I last saw the deceased alive on JULY 15, 1949, and that death occurred at 3:15 P m., from the causes and on the date stated above.

23a. SIGNATURE: Herman Surridge (Degree or title): Coroner
23b. ADDRESS: Marionville Mo
23c. DATE SIGNED: 7/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 16, 1949
24c. NAME OF CEMETERY OR CREMATORY: ✓
24d. LOCATION (City, town, or county) (State): Cleveland Okla

DATE REC'D BY LOCAL REG.: July 18-49
REGISTRAR'S SIGNATURE: Osa McNatt 157
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Dillon Funeral Home Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1950

RECEIVED JUL 26 1949
District Health Office No. 6.
District File Number 749.876
Date Filed 7-30-49

AUG 8 1

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 .....
Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.