

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4353

0270

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

BIRTH NO. _____		REG. DIST. NO. <u>83</u>		PRIMARY REG. DIST. NO. <u>5321</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>			
b. CITY OR TOWN <u>rural So. Moniteau</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural So. Moniteau</u>		OR TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.W. of California Mo</u>				d. STREET ADDRESS (If rural, give location) <u>rural 6 mi. N.W. of California Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>FRED</u>		a. (First) _____		b. (Middle) <u>LOEL</u>		c. (Last) <u>MASON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 17, 1884</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>		IF UNDER 48 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Howard, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Tychsen</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Mason</u> ADDRESS <u>California Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4301</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Mar 6 1950</u> to <u>Mar 6 1950</u> , that I last saw the deceased alive on <u>Mar 6 1950</u> , and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. S. O.</u>		23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>3/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brayfield</u>		24d. LOCATION (City, town, or county) (State) <u>Brayfield Colorado</u>	
DATE REC'D BY LOCAL REG. <u>3/10/50</u>		REGISTRAR'S SIGNATURE <u>U. T. Meredith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo</u>	

RECEIVED

MAR 13

District Health Officer No. 8,

District File Number

Date Filed

3-14-50

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.