

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15487
Registrar's No. 78

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5580		State File No. 15487		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-twin Grove Twp			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-twin Grove Twp			d. STREET ADDRESS (If rural, give location) 0440 2 Miles S. of Galesberg		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 Miles S. of Galesberg				3. NAME OF DECEASED a. (First) James Floren b. (Middle) Mason c. (Last) Mason			4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1876		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Days 3 Hours 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crestline, Kansas			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Anderson				13b. MOTHER'S MAIDEN NAME Margaret E. Truxall			14. NAME OF HUSBAND OR WIFE Mrs. Etta 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Etta Mason, Rt. #1 Webb City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic bronchitis DUE TO (c) Silicosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5230	
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)			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 Jan. 12, 1950, to Jan. 30th, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 1:35 a.m., from the causes and on the date stated above.											
23a. SIGNATURE Darwin Magee, D.O.						23b. ADDRESS Jasper, Missouri			23c. DATE SIGNED 2-1-50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb. 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery			24d. LOCATION (City, town, or county) (State) Joplin, Missouri				
DATE REC'D BY LOCAL REG. Feb 2-50		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE JOHNSTON-ARNCE-SIMPSON			ADDRESS Webb City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-7-50
Jasper County Health Office

County File Number 50-1-86

Date Filed 2-23-50

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 Harvey E. Amis

Licensed Embalmer No. 4463

P. O. Address Webb City 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.