

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7107

State File No. 12698

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3621 Registrar's No. 52

102
0

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 0400</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>TRENTON Mo. RFD 0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Collers Hospital</u> | | | |

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|--|--|--|--|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) _____ c. (Last) <u>MASON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 30 1950</u> | | |
| 5. SEX <u>MALE</u> | | 16. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED <u>NEVER MARRIED</u> WIDOWED, DIVORCED (Specify) _____ | |
| 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 _____ | | 8. DATE OF BIRTH _____ | |
| 11. BIRTHPLACE (State or foreign country) <u>GRUNDY Co MO</u> | | 9. AGE (In years last birthday) <u>59</u> If UNDER 1 YEAR Months _____ If UNDER 4 HRS. Days _____ Hours _____ Min. _____ | | | |
| 13a. FATHER'S NAME <u>WILLIAM MASON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Dodley</u> | | 14. NAME OF HUSBAND OR WIFE _____ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>D.H. Mason Trenton Mo</u> ADDRESS _____ | |

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|---|--|---|--|---|--|
| 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>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4201</u> | |

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|---|--|--|--|--|--|
| 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 Dec 30, 1950 to Jan 30, 1950, to _____, 19____, that I last saw the deceased alive on Dec 30, 1950, and that death occurred at 11a m., from the causes and on the date stated above.

| | | | | | |
|---|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>E. J. Hain M.D.</u> (Degree or title) _____ | | 23b. ADDRESS <u>Trenton 2nd</u> | | 23c. DATE SIGNED <u>3/30/50</u> | |
|---|--|---------------------------------|--|---------------------------------|--|

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|--|--|--------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3/31/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MATT GREEN CEM</u> | | 24d. LOCATION (City, town, or county) (State) <u>GRUNDY Co. MO</u> | |
|--|--|--------------------------|--|--|--|--|--|

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>3-31-50</u> | | REGISTRAR'S SIGNATURE <u>Irene Fair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas H Upm</u> ADDRESS <u>Trenton Mo</u> | |
|---|--|---|--|--|--|



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

Donald H. Slater

Licensed Embalmer No. *4467*

P. O. Address *Trenton, 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.