

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41935

State File No. ....

1940  
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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 386

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u>		c. LENGTH OF STAY (in this place) <u>29 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEADWOOD</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>MASON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 2 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>FEB. 22, 1871</u>
9. AGE (In years last birthday) <u>79</u>	10. MONTH <u>9</u>	11. DAYS <u>10</u>	12. IF DECEASED IN HOUSE <u>0</u> IF DECEASED IN MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINING</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>LEANDER MASON</u>		13b. MOTHER'S MAIDEN NAME <u>PRISCILLA WRIGHT</u>	14. NAME OF HUSBAND OR WIFE <u>LAURA MASON</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Mason, Leadwood Mo</u>	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis of Left side</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>			
DUE TO (c) <u>Arterio Sclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>33IX</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
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 <u>Jan 1 1949</u> , to <u>12-2 1950</u> , that I last saw the deceased alive on <u>12-1 1950</u> , and that death occurred at <u>4 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Hoffmann</u>		23b. ADDRESS <u>Basmark Mo</u>	23c. DATE SIGNED <u>12-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LEADWOOD, MO</u>
DATE RECD BY LOCAL REG. <u>Dec. 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Esther Rudolph</u> 289	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Butt Hoyer Leadwood, Mo</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 11 1950

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed William E. Bayen

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.