

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12184

FILED MAY 15 1951

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 17

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Sup. Lifetime</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Sup. 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosebud Route 1</u> | | d. STREET ADDRESS (If rural, give location) <u>Rosebud Route 1</u> | |
| 3. NAME OF DECEASED a. (First) <u>CORDELIA</u> b. (Middle) <u>FLORA</u> c. (Last) <u>MASON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1951</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>April 17 1874</u> |
| 9. AGE (In years last birthday) <u>77</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Rosebud Mo. Rt 1</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Alonso Scott Mason</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Ann Wennemann</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>✓</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>RUFUS MASON ROSEBUD, Mo. 64</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>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> *This does not mean the mode of dying, such as heart failure, ashenia, 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. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 490X | |
| 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) (Min.) | 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>4-19-</u> , 19 <u>51</u> , to <u>4-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>51</u> , and that death occurred at <u>11:15 a.m.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>G. L. Matthews M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Beaufort Mo.</u> | |
| 23c. DATE SIGNED <u>4-21-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 22, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Owensville Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>April 26 1951</u> | REGISTRAR'S SIGNATURE <u>Garothy Wallace</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Malford J. D. Winter</u> | ADDRESS <u>Owensville Mo.</u> |

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 10 1951

RECEIVED

VS JAN 18 1960

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 Harvey Kahle

Signed
Student Embalmer

Licensed Embalmer No. 4596

P. O. Address Owensville, 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.