

No. 300
10.48

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15482

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Novinger (Rural township)	c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. F. D. #2 Novinger 0010	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R. F. D. #2 Novinger		d. STREET ADDRESS (If rural, give location) RURAL 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Bert	b. (Middle) Monroe	c. (Last) Mason	4. DATE OF DEATH (Month) (Day) (Year) May 3, 1951
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 20, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Newton County, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rufus Mason	13b. MOTHER'S MAIDEN NAME Lettie Ann Rice	14. NAME OF HUSBAND OR WIFE Nora Wilson Mason
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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. #94-05-5203	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Mason, Novinger, Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Heart - chronic mitral stenosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary hemorrhage		
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) (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 April 16, 1951, to May 2, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE J S Gashwiler M D (Degree or title)	23b. ADDRESS Novinger, Mo.	23c. DATE SIGNED 5/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/6/51	24c. NAME OF CEMETERY OR CREMATORY Novinger,	24d. LOCATION (City, town, or county) (State) Novinger, Mo.
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DATE REC'D BY LOCAL REG. 5-5-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley	ADDRESS Kirksville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2010
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Date Received: MAY 14 1957
DISTRICT HEALTH OFFICE #2
District File Number 5-51-914
Date Filed: MAY 15 1957

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 Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Kirksville, 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.