

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32423**

FILED NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>10571</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u>		b. (Middle) <u>Ella</u> c. (Last) <u>Mason</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 11, 1869</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>James Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Maria McCarty</u>	14. NAME OF HUSBAND OR WIFE <u>John Mason - dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Lee</u> ADDRESS <u>Milan - 1260</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Congestive Heart Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4341</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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>9-10</u> , 19 <u>51</u> , to <u>10-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-29</u> , 19 <u>51</u> , and that death occurred at <u>6:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. T. Lutensahn D.O.</u>		23b. ADDRESS <u>Kirkville Mo</u>	23c. DATE SIGNED <u>Oct 29, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/31/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shatto Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milan - 1260</u>
DATE REC'D BY LOCAL REG. <u>10-31-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u> ADDRESS <u>Milan</u>	

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

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Date Received: NOV 6 1967
DISTRICT HEALTH OFFICE #2
District File Number 11-51-1967
Date Filed: NOV 8 1967

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 Dwight Schoen

Licensed Embalmer No. 21667

P. O. Address _____

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.