

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36242

State File No.

No. 300
10.48

| | | | | |
|--|--|---|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>1</u> | PRIMARY REG. DIST. NO. <u>3000</u> | Registrar's No. <u>308</u> |
| 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>ADAIR</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Birksville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Birksville Mo 0013</u> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>COMMUNITY Nursing Home #1</u> | | d. STREET ADDRESS (If rural, give location) <u>408 S. Sixth</u> | | |
| 3. NAME OF DECEASED a. (First) <u>CHARLES</u> (Type or Print) | | b. (Middle) <u>Edward</u> | c. (Last) <u>MASON</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1957</u> | | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>5-19-1880</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>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u> | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |
| 13a. FATHER'S NAME <u>William Mason</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mason</u> | 14. NAME OF HUSBAND OR WIFE <u>None</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>Nettie Bolay - Birksville 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary PARALYSIS</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> | | DUE TO (c) <u>ARTERIOSCLEROTIC VASCULAR DISEASE</u> | | <u>8 HOURS</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>332X</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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <u>April 1, 1950</u> , to <u>Nov. 16, 1957</u> , that I last saw the deceased alive on <u>Nov. 16, 1957</u> , and that death occurred at <u>6:25 P.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>M.T. Gutesohn D.O.</u> | | 23b. ADDRESS <u>Birksville Mo</u> | 23c. DATE SIGNED <u>11-16-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/18/57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Birksville, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>11-17-58</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul W. R. ... Birksville, Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0013
4

NOV 20 1957
Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2
Date Filed: NOV 20 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 *Marie Kessel*

Licensed Embalmer No. *4690*

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.