

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38366**

FILED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **210**

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

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cuba</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps Co Mem. Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>Theodore</b> c. (Last) <b>MASON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 20 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>March 10-1891</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR: Months <b>8</b> Days <b>10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Timber</b>		11. BIRTHPLACE (State or foreign country) <b>Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>Theodore MASON</b>		13b. MOTHER'S MAIDEN NAME <b>SARA</b>		14. NAME OF HUSBAND OR WIFE <b>Annie MASON</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-14-9200</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lacki Mason</b> ADDRESS <b>St. Louis</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Carcinoma</b> ANTECEDENT CAUSES <b>Bronchogenic Carcinoma</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Malignant Hypertension 3 yrs.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 mos.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malignant Hypertension 3 years.</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from **Oct 12, 1950**, to **Nov 20, 1951**, that I last saw the deceased alive on **Nov 20, 1951**, and that death occurred at **12:40** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J.A. Ellis M.D.</b> (Degree or title)		23b. ADDRESS <b>Cuba Mo.</b>		23c. DATE SIGNED <b>11-22-51</b>	
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24a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>		24b. DATE <b>11-24-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Trinity Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Cuba Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Nov. 27, 1951</b>		REGISTRAR'S SIGNATURE <b>Dadine L. Stollen</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Shaver</b>		ADDRESS <b>Cuba, Mo.</b>	
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RECEIVED  
Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 12-3-51

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.

Signed.....  
Student Embalmer

Signed *[Signature]*  
Student Embalmer No. ....  
Licensed Embalmer No. 3472  
P. O. Address 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.