

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19581**
JUN 28 1952

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 292
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Wayne		
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Piedmont, Missouri		
c. LENGTH OF STAY (in this place) 1 WK		d. STREET ADDRESS (If rural, give location) 420 W. Green		
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff, Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) T. c. (Last) Mason			4. DATE OF DEATH (Month) (Day) (Year) 6 9 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-8-1869	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Supt.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Paullingville, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Thomas J. Mason		13b. MOTHER'S MAIDEN NAME Jannie Morris	14. NAME OF HUSBAND OR WIFE Grace Mason Piedmont	
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Mason Piedmont Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Fractured lumbar vertebra		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured lumbar vertebra		INTERVAL BETWEEN ONSET AND DEATH 12 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9030 20		
19a. DATE OF OPERATION no.		19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Piedmont Mo. Wayne Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 29 52.6 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell in his room	
22. I hereby certify that I attended the deceased from 5-31 , 19 52 , to 6-10 , 19 52 , that I last saw the deceased alive on 6-9 , 19 52 , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) C. H. Johnson M.D.		23b. ADDRESS Piedmont, Mo. Poplar Bluff, Missouri	23c. DATE SIGNED June 12, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12-52	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Piedmont, Missouri	
DATE REC'D BY LOCAL REG. 6-21-52	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William C. ... Piedmont, Mo.		

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

RECEIVED

JUN 24 1952

BUTLER CO. HEALTH CENTER

FILE No. 652-326

JUN 27 1952

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 _____

Codern Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.