

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20841

State File No. \_\_\_\_\_

FILED JUL 2 - 1953

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 262

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 262	
1. PLACE OF DEATH a. COUNTY <u>Butler Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, give RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>4 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shannon Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				3. NAME OF DECEASED (First) (Middle) (Last) <u>Charles Russell Mason</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>6/8-53</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Feb. 16, 1882</u>		9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co. Mo.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13. FATHER'S NAME <u>Luce Mason</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Sarah Lawrence</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 and date of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Lindsey</u>		17. ADDRESS <u>Shannon Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pylomyelitis</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Uremia</u>				DUE TO (c)	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6000</u>				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) (Minute)	
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>6-6</u> , 19 <u>53</u> , to <u>6-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-8</u> , 19 <u>53</u> , and that death occurred at <u>5-5 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. [Signature]</u>				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>6-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shannon</u>		24d. LOCATION (City, town, or county) (State) <u>Shannon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/27/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Shannon Mo.</u>	

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

Mo.

RECEIVED

6/29/53

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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

*Wallace R. Knight*

Licensed Embalmer No. 4514

P. O. Address

412 Vine  
Proctor Bluff

(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.