

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30779

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6145 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY OR TOWN <u>Rural Saltriver Twp</u>		c. CITY OR TOWN <u>Shelbina Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>3 1/2 miles north east of Shelbina</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 1/2 miles north east of Shelbina</u>		e. STREET ADDRESS (If rural, give location) <u>3 1/2 miles north east of Shelbina</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Henry</u>	
c. (Last) <u>Mason</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>5-2-1864</u>
9. AGE (in years last birthday) <u>89</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>17</u> Hours <u>11</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Adams County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Kuntz</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Shores</u>		ADDRESS <u>Shelbina Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchopneumonia</u> <u>Senility</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>11 days</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>491X</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) (Min.) _____		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>7-8</u> , 19 <u>52</u> , to <u>8-19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-17</u> , 19 <u>53</u> , and that death occurred at <u>12:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph H. Tomei D.D.</u>		23b. ADDRESS <u>Shelbina Mo.</u>	
23c. DATE SIGNED <u>8/22/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		24d. LOCATION (City, town, or county) (State) <u>4 miles south of Plevna</u>	
DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkeley & Hawkins</u>		ADDRESS <u>Shelbina, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1020
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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.....
Signature of Student Embalmer

Signed *Jama D. Davis*.....

Licensed Embalmer No. *44-44-74*

P. O. Address *Shelton, CT*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.