No. 300
10.48

FILED OCT 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34798

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4809 Registrar's No. 9

1050
1

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

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humphreys
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humphreys 1050 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): ERNEST GRANVILLE MASON

4. DATE OF DEATH (Month) (Day) (Year): 9-29-53

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec 9 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wedron Ill. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Daniel Mason
13b. MOTHER'S MAIDEN NAME: Elizabeth Lowsley
14. NAME OF HUSBAND OR WIFE: Mrs Mae Mason.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mae Mason — ADDRESS: Humphreys Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiovascular failure — Years
Was diabetes — Years
DUE TO (c): Chronic glomerulonephritis — Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Enlarged prostate

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~Sept~~ July *19*50, *to* Sept, *19*53, *that I last saw the deceased alive on* Sept 29, *19*53, *and that death occurred at* 9:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. W. Eitel do
23b. ADDRESS: Galt Mo
23c. DATE SIGNED: Sept 30-53

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 10-1-53
24c. NAME OF CEMETERY OR CREMATORY: Humphreys Cem
24d. LOCATION (City, town, or county) (State): Humphreys Mo

DATE REC'D BY LOCAL REG.: Oct 3.
REGISTRAR'S SIGNATURE: Greta Caldwell
25. FUNERAL DIRECTOR'S SIGNATURE: P K Payne Son — ADDRESS: Galt Mo

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(Licensed Embalmer's Statement on Reverse Side)

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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.