

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43602

State File No. ....

FILED JAN 12 1954

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

0610 /

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>4315</u>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>				
b. CITY OR TOWN <u>La Platte</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY OR TOWN <u>La Platte</u>		0610		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) <u>GEORGE DANIEL MASON</u>			a. (First) <u>GEORGE</u>			b. (Middle) <u>DANIEL</u>		
c. (Last) <u>MASON</u>			4. DATE OF DEATH <u>DEC. 23 1953</u>			a. (Month) <u>DEC.</u> b. (Day) <u>23</u> c. (Year) <u>1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 31, 1876</u>		
9. AGE (In years last birthday) <u>76</u>		# UNDER 1 YEAR <u>11</u>		# UNDER 1 YEAR <u>22</u>		# UNDER 1 YEAR <u>—</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Moss Mason</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Griffin</u>			14. NAME OF HUSBAND OR WIFE <u>Amelia Mason</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, say so (unknown)) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-386392-6</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clark Mason</u> ADDRESS <u>La Platte, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		<u>332 X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Dec. 22, 1953</u> , to <u>Dec. 23, 1953</u> , that I last saw the deceased alive on <u>Dec. 23, 1953</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Harold S. Lusk</u> (Degree or title)				23b. ADDRESS <u>La Platte Mo.</u>		23c. DATE SIGNED <u>12-23-53</u>		
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Platte Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Platte Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 29 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs O P Griffin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stennison M. Wilson</u> ADDRESS <u>La Platte Mo.</u>				

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 11-27-57  
Date Filed 11-27-57

**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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata 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.