

STANDARD CERTIFICATE OF DEATH

5289

State File No.

 FILED MAR 1 1954
 BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 4250 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, write RURAL and give township) PEVELY		c. LENGTH OF STAY (In this place) 10 yrs.		c. CITY OR TOWN PEVELY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME PEVELY MO.				e. STREET ADDRESS (If rural, give location) 0.500					
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET			b. (Middle)		c. (Last) MASON		4. DATE OF DEATH (Month) (Day) (Year) FEB. 16 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH JAN. 6 1871		9. AGE (In years last birthday) 83 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WKS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK			10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON CO. MO			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT MARTIN			13b. MOTHER'S MAIDEN NAME MATHA HAWKINS			14. NAME OF HUSBAND OR WIFE CHARLES MASON (dec.)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS WILLIAM HENKEL PEVELY 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						10 days	
		DUE TO (c) Cerebral Softening							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. due to embolus						1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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>1/18</u> , 19 <u>54</u> , to <u>2/16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/18</u> , 19 <u>54</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <i>W. H. Henkel</i>					23b. ADDRESS <i>W. H. Henkel, Pevely, Mo.</i>			23c. DATE SIGNED <i>2/20/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 22, 1954		24c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY			24d. LOCATION (City, town, or county) (State) FESTUS MO.		
DATE REC'D BY LOCAL REG. 2-20-54		REGISTRAR'S SIGNATURE <i>Embry R. Politto</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO.				

444-0 (Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED FEB 24 1954

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 *Elmer Helwig*

Licensed Embalmer No. *357*

P. O. Address *Imperial*

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.