

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10261**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2615**

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

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Louis</b> c. LENGTH OF STAY (in this place) or TOWN <b>Springfield</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Frisco Employees Hospital Assn</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Greene</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>0396</b> d. STREET ADDRESS (If rural, give location) <b>1520 W. Division</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Hubert</b> a. (First) <b>Tanter</b> b. (Middle) <b>Mason</b> c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 22 1954</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 3, 1903</b>
<b>9. AGE</b> (In years last birthday) <b>50 yr</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>machinist</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Railroad</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Bois d'Arc, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>	
<b>13a. FATHER'S NAME</b> <b>Lafayette Mason</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Grace Salts</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Beulah Pearl Mason</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>UNKNOWN</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Wife: Beulah Pearl Mason</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Malignant Mesothelioma of Peritoneum</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21. ADDRESS</b> <b>1520 W. Division</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>158-X</b>	
<b>22. I hereby certify that I attended the deceased from 3-3-1954, to 3-22-1954, that I last saw the deceased alive on 3-21, 1954, and that death occurred at 1:35 A.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Norman B. Miller MD</b>		<b>23b. ADDRESS</b> <b>A 960 Laclede Ave.</b>	
<b>23c. DATE SIGNED</b> <b>3-22-54</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	
<b>24b. DATE</b> <b>3-22-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>White Chapel</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Springfield, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 22 1954</b>		<b>ADDRESS</b> <b>4700 Washington Blvd</b>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1956

MAR 2 1956

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 ME

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St. Louis

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.