

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12659

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 205

0610  
4

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake View Rest Home.</u>		d. STREET ADDRESS (If rural, give location) <u>Lake View Rest Home.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sadie</u>		c. (Last) <u>Mason</u>	
b. (Middle) <u>—</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 5 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed.</u>		8. DATE OF BIRTH <u>Jan. 3, 1880</u>	
9. AGE (In years) (Months) (Days) <u>74</u>		9. AGE (In years) (Months) (Days) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</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>J. R. Hammond</u>		13b. MOTHER'S MAIDEN NAME <u>Arlette Cockrum.</u>	
14. NAME OF HUSBAND OR WIFE <u>Doc.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Meda Paul Mason, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <u>Macon, Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Diabetes Mellitus &amp; Complications</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Wringing tract infection</u>	
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 <u>200X</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)		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>4-4-1954</u> , to <u>4-5-1954</u> , that I last saw the deceased alive on <u>4-5-1954</u> , and that death occurred at <u>4:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. L. D. Dunder</u>		23b. ADDRESS <u>Macon</u>	
23c. DATE SIGNED <u>4-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 17, 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>	
DATE, REC'D BY LOCAL REG. <u>4/14/54</u>		REGISTRAR'S SIGNATURE <u>185-0 Ruth McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u>		ADDRESS <u>Macon, Mo.</u>	

RECEIVED 4-26-54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4-54-59  
Date Filed 4-27-54

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.