S. No. 300
EV. 10.48

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

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18618

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 559

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield,
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 2605 N. Broadway

c 396

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur.
b. (Middle): Hutson
c. (Last): Mason

4. DATE OF DEATH (Month) (Day) (Year): June 12 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 30, 1874
9. AGE (In years last birthday): 79 — If under 1 year: Months 9, Days 13, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Bus Driver
11. BIRTHPLACE (City and State or Foreign Country): Republic Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jasper Mason
13b. MOTHER'S MAIDEN NAME: Eliza Ann Julian
14. NAME OF HUSBAND OR WIFE: Mrs. Lula 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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lula Mason
ADDRESS: Springfield, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular Renal Disease — Interval between onset and death:

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. Carcinoma Prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 44-2 X H
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* June 1st, 1954, *to* June 12, 1954, *that I last saw the deceased alive on* June 12, 1954, *and that death occurred at* 6:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Newton Brokaman M.D.
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 6/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1954
24c. NAME OF CEMETERY OR CREMATORY: John's Chapel
24d. LOCATION (City, town, or county) (State): Ash Grove, Missouri

DATE REC'D BY LOCAL REG.: 6-15-54
REGISTRAR'S SIGNATURE: Fritz Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Morris-Leiman Funeral Home
ADDRESS: Ash Grove, Missouri

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 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 .....
Student Embalmer

Signed Lewis G. Schaaff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.