

No. 300
10. 48

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21766
Registrar's No. 88

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		d. STREET ADDRESS (If rural, give location) P. O. Box 501	
d. FULL NAME OF HOSPITAL OR INSTITUTION En route M. Delta Comm. Hospital		e. DATE OF DEATH (Month) (Day) (Year) July 4, 1954	
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) ----- c. (Last) Mason		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1897
9. AGE (In years last birthday) 56		10. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Brighton, Tenn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dave Fayne		13b. MOTHER'S MAIDEN NAME Margaret Hughes	
14. NAME OF HUSBAND OR WIFE Hazle Mason, P.O. Box 501, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Hazle Mason, P.O. Box 501, Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably broken neck. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) car wreck 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"/>		INTERVAL BETWEEN ONSET AND DEATH immediate	
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) 100	
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 D.O. 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 P. m., from the causes and on the date stated above.			
23a. SIGNATURE E. D. Urban (Degree or title) M. D.		23b. ADDRESS Sikeston	23c. DATE SIGNED 7/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Tipton Church Cemetery	24d. LOCATION (City, town, or county) (State) Brighton, Tenn.
DATE REC'D BY LOCAL REG. 7-7-54	REGISTRAR'S SIGNATURE Mrs. Ella Bunker	FUNERAL DIRECTOR'S SIGNATURE J. J. Sparks ADDRESS Charleston, Mo.	

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

406 22

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.