

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23920

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>272</u>	
I. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>Sedalia</u>		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 <u>1608 So. Vermont</u>				e. STREET ADDRESS (If rural, give location) <u>1608 So. Vermont</u>			
3. NAME OF DECEASED (Type or Print) <u>AMANDA</u>		a. (First)		b. (Middle) <u>L</u>		c. (Last) <u>MASON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unwedded</u>	
8. DATE OF BIRTH <u>March 14 1868</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry C. Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda A. Watson</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Mason</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Victor Mason</u>		ADDRESS <u>Sedalia</u>	
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Heat Prostration</u>				<u>2 days</u>	
		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 <u>Semility and Cardio-Vascular Disease.</u>					
		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>Medical treatment only.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>22</u> (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>over 1 month</u> , to <u>July 16th 1954</u> , that I last saw the deceased alive on <u>July 16th 1954</u> and that death occurred at <u>10:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>7-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tonia cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tonia Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-19-54</u>		REGISTRAR'S SIGNATURE <u>Lavinia Cooney Dep M^c</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *K.P.M. Leary*

Licensed Embalmer No. *30*

P. O. Address *Sedalia*

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.