

No. 300  
10. 48

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29552

State File No. \_\_\_\_\_

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Dock Creek T. 3 S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>five miles east of Puxico</u>			

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3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Minnie</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Mason</u>	(Month) <u>8</u>	(Day) <u>10</u>	(Year) <u>54</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>Feb 28 1918</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Puxico Missouri, 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Don Mason</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Ahrens</u>	14. NAME OF HUSBAND OR WIFE <u>not married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Don Mason Puxico R-2,</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenitive Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Insipidic</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4341</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-17, 1954 to 8-10, 1954, that I last saw the deceased alive on 8-10, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Skinnings, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Puxico Mo</u>	23c. DATE SIGNED <u>8/13/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/1/54</u>	REGISTRAR'S SIGNATURE <u>Paul Reed 490</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Service Puxico</u>	ADDRESS <u>MO</u>
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(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 .....  
Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.**