

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1954

State File No. Registrar's No. 90

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592

No. 300 10.48

5500 4

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

1. PLACE OF DEATH a. COUNTY Jefferspn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write R.U.R. and give township) OR TOWN Hillboro		c. CITY OR TOWN Cantwell	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 0.940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Williboro Nursing Home			

3. NAME OF DECEASED (Type or Print) GEORGE DEEVAUL MASON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH July 5, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 31-1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 100 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and State or Foreign Country) Crowford County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Mason	13b. MOTHER'S MAIDEN NAME Catherine Simpson	14. NAME OF HUSBAND OR WIFE Beula Mason
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 497-01-2733	17. INFORMANT'S SIGNATURE OR NAME Beula Mason	ADDRESS Cantwell, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH ? 48 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, left lung		
	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. cerebral arteriosclerosis with psychosis - 6 mos +			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	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)	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 **May 1, 1954** to **July 5, 1954** that I last saw the deceased alive on **July 5, 1954**, and that death occurred at **1:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell, M.D.	23b. ADDRESS Desoto, Mo	23c. DATE SIGNED Oct 2, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July-8-1954	24c. NAME OF CEMETERY OR CREMATORY Woodlawn cemetery	24d. LOCATION (City, town, or county) (State) Flat River, Mo
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DATE REC'D BY LOCAL REG. 10-5-54	REGISTRAR'S SIGNATURE Grace C. [Signature] 502	25. FUNERAL DIRECTOR'S SIGNATURE SPARKS F. HOME	ADDRESS Flat River, Mo
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 14 1954

OCT 14 1954

OCT 14 1954

OCT 19 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.....
Signature of Student Embalmer

Signed *Murphy L Sparks*.....

Licensed Embalmer No. *423*.....

P. O. Address *W. H. ...*.....

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.