

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36969**

BIRTH NO.		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 5418		Registrar's No. 27				
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Cotton Hill Twp		c. LENGTH OF STAY (In this place) 18 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Cotton Hill Twp 2350		d. STREET ADDRESS (If rural, give location) 7 mi N W of Malden Mo				
d. FULL NAME OF HOSPITAL OR INSTITUTION St Home - 7-N W Malden Mo										
3. NAME OF DECEASED (Type or Print) a. (First) Luther b. (Middle) James c. (Last) Mason			4. DATE OF DEATH (Month) (Day) (Year) 11-1-1954							
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1881-11-16		9. AGE (In years last birthday) 72-6-15	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Balgrade Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm Mason			13b. MOTHER'S MAIDEN NAME Fannie Wolfe		14. NAME OF HUSBAND OR WIFE Emma Mason					
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.		17. INFORMANT'S SIGNATURE OR NAME Emma Mason - Malden R2 - Mo				ADDRESS	
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) Cerebral embolism Ce. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe congestive heart failure				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4331				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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 <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 2-26 , 19 53 , to 10-31 , 19 54 , that I last saw the deceased alive on 10-31 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Thomas E Knight M.D.				23b. ADDRESS Malden Mo		23c. DATE SIGNED 11-4-54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-3-54	24c. NAME OF CEMETERY OR CREMATORY Malden Park Memorial		24d. LOCATION (City, town, or county) (State) North of Malden Mo					
DATE REC'D BY LOCAL REG. 11-18-54		REGISTRAR'S SIGNATURE J. Dr. Kharran			25. FUNERAL DIRECTOR'S SIGNATURE Thomas E Knight - Malden, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-23-54

COUNTY FILE NUMBER 1154-30

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.