0.300
0.48

FILED JUN 3. 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16179

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO 3049 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayti
c. LENGTH OF STAY (in this place) 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pemiscot
c. CITY OR TOWN Hayti
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)

0781
0

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Mason

4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 55

5. SEX Male 2
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 0
8. DATE OF BIRTH 4-11-54
9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 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
11. BIRTHPLACE (City and State or Foreign Country) Hayti, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tim Mason
13b. MOTHER'S MAIDEN NAME Dortha Mason
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Tim Mason ADDRESS Hayti, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcic Septicemia — INTERVAL BETWEEN ONSET AND DEATH 4 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0532
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 May, 1955, *to* 24 May, 1955, *that I last saw the deceased alive on* 24 May, 1955, *and that death occurred at* 9:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Fulooke (Degree or title) MD
23b. ADDRESS Caruthersville, Mo
23c. DATE SIGNED 5/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-26-55
24c. NAME OF CEMETERY OR CREMATORY St Johns
24d. LOCATION (City, town, or county) (State) Pascala Mo

DATE REC'D BY LOCAL REG. 5-26-55
REGISTRAR'S SIGNATURE John W German 406-0
25. FUNERAL DIRECTOR'S SIGNATURE J. F. Smith ADDRESS Hayti Mo

(Licensed Embalmer's Statement on Reverse Side)

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

6
~~8~~- 167-55

JUN 1 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 3102

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.