

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19342

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 530

1. PLACE OF DEATH a. COUNTY <u>LINN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u> <u>0582</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>428 S. MAIN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORPHA</u> b. (Middle) <u>ISABEL</u> c. (Last) <u>MASON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 4, 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 1, 1889</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months Days 11. UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ROTHVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>OWEN McDOWELL</u>		13b. MOTHER'S MAIDEN NAME <u>ISABEL GRABLE</u>	14. NAME OF HUSBAND OR WIFE <u>HARRY E. MASON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HARRY E. MASON, BROOKFIELD, MO</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>overwhelming toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c) <u>Abscess of descending colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>6 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Abscessed area of Colon removed surgically</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>March 1, 1955</u> , to <u>July 4, 1955</u> , that I last saw the deceased alive on <u>July 3, 1955</u> , and that death occurred at <u>10:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ernest H. Mason, D.O.</u>			23b. ADDRESS <u>7230 Wornall, Kansas City, Mo.</u>		23c. DATE SIGNED <u>July 6, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>	24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO</u>	
DATE REC'D BY LOCAL REG. <u>7-7-55</u>		REGISTRAR'S SIGNATURE <u>Matthew Brown</u> <u>167</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MO.

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

300  
48  
2  
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JAN 8 1958

**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 Harold B. Wright.....

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo

**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.