

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34408**

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **160**

1. PLACE OF DEATH a. COUNTY Radolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Salt Spring Twp.		c. LENGTH OF STAY (In this place) 2 hrs.	c. CITY OR TOWN Moberly
d. FULL NAME OF HOSPITAL OR INSTITUTION Willard Mason farm		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1015 South Williams Street	

3. NAME OF DECEASED (Type or Print) a. (First) Bert	b. (Middle)	c. (Last) Mason	4. DATE OF DEATH (Month) (Day) (Year) November 10, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 20, 1910	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator	10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Ben Mason	13b. MOTHER'S MAIDEN NAME Mary Simmons	14. NAME OF HUSBAND OR WIFE Belle Mason
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 705-16-0287	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Belle Mason: 1015 S. Williams: Moberly
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither	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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. Kelly D. Coover (Degree or title)	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED 11-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens	24d. LOCATION (City, town, or county) (State) Moberly, Missouri
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DATE REC'D BY LOCAL REG. 11-11-1955	REGISTRAR'S SIGNATURE Mary H. Bentley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. Patton & Sons, Huntsville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 30 1955

DEC 2 1955

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..... *Paul Patton*

Licensed Embalmer No..... *40*

P. O. Address *Huntville*

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.