

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37424

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4298 Registrar's No. 14

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 OR TOWN <u>LINNEUS</u>	c. LENGTH OF STAY (in this place) <u>60 yrs</u>	c. CITY OR TOWN <u>LINNEUS</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>0589</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>M.</u> c. (Last) <u>MASON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-28-1867</u>	9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sham Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Benjamin Mason</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Freeman</u>	14. NAME OF HUSBAND OR WIFE <u>Cordia</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 <u>Margaret Harvey, Linneus, Mo</u> 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic hepatitis cirrhosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left hip 4/46XF</u>			

19a. DATE OF OPERATION <u>10-28-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture left hip - Smith-Petersen nail</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (a., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LINNEUS LINN Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 26 1955 11:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell getting out of chair</u>	

22. I hereby certify that I attended the deceased from Oct 26, 1955, to Nov 10, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Dyer M.D.</u> (Degree or title)		23b. ADDRESS <u>Salisbury, Missouri</u>		23c. DATE SIGNED <u>11-11-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-19-1955</u>	REGISTRAR'S SIGNATURE <u>Ms. Burdette Kelley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brother, Linneus, Missouri</u>	ADDRESS _____	

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

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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..... *H. R. Knight*

Licensed Embalmer No. *465*.....

P. O. Address..... *Leeds, W. Va.*

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.