

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39851

FILED JAN 3 - 1956
BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u> <u>OK</u> <small>Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>426 S. W. 9th St</u>		e. STREET ADDRESS (If rural, give location) <u>426 S. W. 9th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIUS</u> b. (Middle) <u>MASON</u> c. (Last) <u>MASON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 - 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 11 - 1877</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Portland Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Mason</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>486-14-5334</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Mason</u> ADDRESS <u>Fulton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u> 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. <u>Pyelonephritis 154x</u>	
19a. DATE OF OPERATION <u>July, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of rectum (Ellis Fisher Hosp)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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>Oct 10</u> , 1955, to <u>Dec 24</u> , 1955, that I last saw the deceased alive on <u>Dec 15</u> , 1955, and that death occurred at <u>10:00 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James E. Kile MD</u>		23b. ADDRESS <u>657 Court, Fulton, Mo</u>	
23c. DATE SIGNED <u>12/27/55</u>		24a. BIRTHAL, CREMATION (REMOVAL) (Specify) <u>Final</u>	
24b. DATE <u>Dec. 27 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Council</u>	
24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart G. Parker</u> ADDRESS <u>Columbia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 27 - 1955</u>		REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u> ADDRESS <u>426 S. W. 9th St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Stuart D. Parker*.....

Licensed Embalmer No. *29*.....

P. O. Address *Columb*.....

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.