

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2427

State File No.

FILED FEB 8 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4438 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) - a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jacksonville</u>		c. LENGTH OF STAY (in this place) <u>11 years</u>	c. CITY OR TOWN <u>Jacksonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		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) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THERESA</u> b. (Middle) <u>JANE</u> c. (Last) <u>MASON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 25-1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov-16-1854</u>	9. AGE (in years last birthday) <u>101</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Huntsville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Josiah Jerry</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Turner</u>	14. NAME OF HUSBAND OR WIFE <u>John Walker Mason</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irene Mason</u>	ADDRESS <u>Jacksonville Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senile Stenility</u> 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>304X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Jan. 1950, to Jan 25, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 8:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (In ink or title) <u>C. D. Mead, M.D.</u>	23b. ADDRESS <u>Mo.</u>	23c. DATE SIGNED <u>1/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 27-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West of Cairo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-27-56</u>	REGISTRAR'S SIGNATURE <u>Seablowe 269</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u>	ADDRESS <u>Proberly Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 24 1950

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..... *R. M. Cater*

Licensed Embalmer No. *411*

P. O. Address *Moberly, Mo.*

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.