No. 300
10-48

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5278

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DE SOTO
c. LENGTH OF STAY (in this place): YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 312 N 3RD. ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: JEFF.
c. CITY OR TOWN: DE SOTO 0502 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 312 N. 3RD. ST.

3. NAME OF DECEASED (Type or Print)
a. (First): HUGO
b. (Middle): HENRY
c. (Last): MASON

4. DATE OF DEATH (Month) (Day) (Year): MAR. 5 1957

5. SEX: M
6. COLOR OR RACE: W C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: OCT. 24 1895
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHIEF CLERK
10b. KIND OF BUSINESS OR INDUSTRY: Mo. PAC. R.R. Co.
11. BIRTHPLACE (City and State or Foreign Country): CARLINVILLE ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LINGUES MASON
13b. MOTHER'S MAIDEN NAME: FRANCES FRICKE
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: LUCILLE MASON — ADDRESS: DeSoto Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self-inflicted gun shot wound to the head — INTERVAL BETWEEN ONSET AND DEATH: None

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 976 X
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): De Soto Jefferson 050 Mo 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3/5/57 10:00A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inquest, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James C. Rehm D.C. Corone 3
23b. ADDRESS: Festus, Mo.
23c. DATE SIGNED: 3/5/57

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: MAR. 7 1957
24c. NAME OF CEMETERY OR CREMATORY: MISSOURI CREMATORY
24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo.

DATE REC'D BY LOCAL REG.: 3-6-57
REGISTRAR'S SIGNATURE: Marie Farris
25. FUNERAL DIRECTOR'S SIGNATURE: Donell B. Dietrich — ADDRESS: DeSoto Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 9 1957

MAR 19 1957

MAR 21 1957

APR 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Desto Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.