

FILED MAY 10 1957

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15026

STATE FILE NUMBER

4087

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>California</b> b. COUNTY <b>Los Angeles</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis,</b>              |  | c. CITY OR TOWN <b>Bellflower</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>City Hospital</b> |  | d. STREET ADDRESS <b>9319 East Palm</b>  |  |
| Length of stay in lb   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or print)<br><b>John C. Mason</b>   |  |   | 4. DATE OF DEATH<br><b>April 28, 1957</b>         |   |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>              |   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  |
| 8. DATE OF BIRTH<br><b>Sept. 18, 1904</b>  |  | 9. AGE (In years last birthday)<br><b>52</b>  |   | 10. KIND OF BUSINESS OR INDUSTRY<br><b>Rex Valve Co.</b>  |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Los Angeles, California</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |   |   |  |
| 13. FATHER'S NAME<br><b>Frank Mason</b>  |  |   | 14. MOTHER'S MAIDEN NAME<br><b>Christina Bird</b> |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b> |  | 16. SOCIAL SECURITY NO.<br><b>562-14-5218</b> |   | 17. INFORMANT<br><b>Marion Mason, Bellflower, California,</b>   |  |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                          |  |  |  |
| PART II.-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                           |  | 19. WAS AUTOPSY PERFORMED?<br><b>4201</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____   |  |   |  |  |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____ |  |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **1203 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Patrick J. Taylor, Coroner** (Degree or title)  
22b. ADDRESS **1300 Clark**  
22c. DATE SIGNED **4.29.57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**  
23b. DATE **4-30-57**  
23c. NAME OF CEMETERY OR CREMATORY **Local**  
23d. LOCATION (City, town, or county) (State) **Bellflower, California,**

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe 4700 Washington,**  
25. DATE RECD. BY LOCAL REG. **APR 29 57**  
26. REGISTRAR'S SIGNATURE **J. C. Smith MO**

(Licensed Embalmer's Statement on Reverse Side)

S. 300  
v. 1-56

securing the medical certification in the specific manner required by 193.140 MO RS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7284

100

California

California

x

California

x

City

California

City

California

California

0

John

Sept. 18, 1902

White

Los Angeles, California

Rem. White Co.

White

California

Frank

California

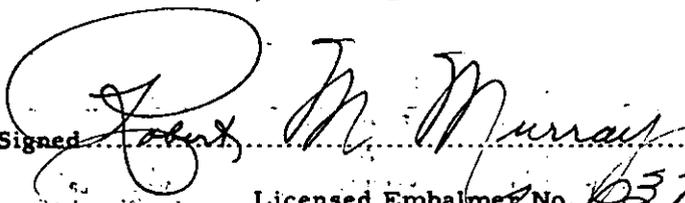
California

W.M.

**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  John M. Murray

Licensed Embalmer No. 1037

P. O. Address St. Louis

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.