

Health,
Welfare
Public
Service

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ALL
DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.
DOCTOR, CORONER, ETC. MUST USE ONLY STANDARD NOMENCLATURE IN ITEM 10. 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

FILED MAY 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19853

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 620 N. Washington				Length of stay in lb 60 yrs		d. STREET ADDRESS 911 E. Division (If outside, give location) 1082	
3. NAME OF DECEASED (Type or print) First GEORGE Middle W. Last MASONER				4. DATE OF DEATH Month May Day 4 Year 1957			
5. SEX M	6. COLOR OR RACE wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 25, 1865		9. AGE (In years last birthday) 91 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) Painter			10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Defrance, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT George Misner Address 223 S. Maple Sapulpa, Oklahoma		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Advanced age & feebleness.							INTERVAL BETWEEN ONSET AND DEATH Several years.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No Injury				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p. m. _____							
20d. INJURY OCCURRED 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.) Nevada		20f. CITY, TOWN, OR LOCATION Vernon		COUNTY MO STATE	
21. I attended the deceased from Jan 1957 to May 1957 and last saw him her alive on May 1957 . Death occurred at 6 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. B. Love (Degree or title)				22b. ADDRESS Nevada MO		22c. DATE SIGNED May 23 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 6, 1957	23c. NAME OF CEMETERY OR CREMATORY Deerwood Cemetery		23d. LOCATION (City, town, or county) Nevada		STATE Missouri	
24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, MO.			25. DATE RECD. BY LOCAL REG. 5-25-1957		26. REGISTRAR'S SIGNATURE Anna E. Ferry		

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 *L. Hughes Perry*

Licensed Embalmer No. *47*

P. O. Address *Neenah*

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