

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35467
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1047

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Paris Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Length of stay in 1b 10 Dg.		d. STREET ADDRESS Everton R.R. (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Leola Middle Mason Last Mason			4. DATE OF DEATH Month 10 Day 27 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-10-1888
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 10 Days 17	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Lawrence Co. U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charlie Johnson	
14. MOTHER'S MAIDEN NAME Reda Clark		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.	
16. SOCIAL SECURITY NO. None		17. INFORMANT Fred Mason Address Everton Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchopneumonia 584X DUE TO (c) postoperative exploratory laparotomy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute pancreatitis, chronic cholecystitis & cholelithiasis			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 24 hrs 3 days
19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a. m. 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-24-57 to 10-27-57 and last saw her/him alive on 10-27-57 Death occurred at 3:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Blashley M.D.		22b. ADDRESS Springfield Mo	
22c. DATE SIGNED 10-31-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) 1040196		23b. DATE 10-31-1957	
23c. NAME OF CEMETERY OR CREMATORY Holtzom		23d. LOCATION (City, town, or county) (State) S. of Holtzom Mo.	
24. FUNERAL DIRECTOR Morris Simon ADDRESS Miller Mo.		25. DATE RECD. BY LOCAL REG. 11-1-57	
26. REGISTRAR'S SIGNATURE Earl Williamson			

(Licensed Embalmer's Statement on Reverse Side)

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

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1-56

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.....
J. R. Leman

Licensed Embalmer No. *329*

P. O. Address *Miller*

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