

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010683

STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 200 Primary Registration District No. 4313 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Macon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Elmer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Home, Walnut Twp			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Walnut Twp.
3. NAME OF DECEASED (Type or print) First James Middle R. Last Mason			4. DATE OF DEATH Month Mar. Day 20 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 10, 1879		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill Work		10b. KIND OF BUSINESS OR INDUSTRY Sawyer	11. BIRTHPLACE (City and state or country) Mark, Iowa /		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George Mason			14. MOTHER'S MAIDEN NAME Angelline Stogdill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Howard Epperson, Novelty, 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) Congestive Heart Failure DUE TO (b) Chronic Heart Failure DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Ca of Liver					INTERVAL BETWEEN ONSET OF DEATH ? ?
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.) 4500H		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 4500H	
21. I attended the deceased from Jan 1 1958 to Mar 20-58 and last saw him alive on Mar 20- Death occurred at 8:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE O. L. Woodward (Deponent title)			22b. ADDRESS Atlanta, Missouri		22c. DATE SIGNED 3-23-58
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE 3/23/58		23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	
23d. LOCATION (City, town, or county) La Plata, Mo.		23e. LOCATION (State) Mo.		23f. LOCATION (State)	
24. FUNERAL DIRECTOR Paul H. Riley		ADDRESS Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. 3/26/58	
26. REGISTRAR'S SIGNATURE Paul M. Neely					

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service

300
1-56

ALL INFORMATION ON THIS CERTIFICATE IS TO BE USED ONLY FOR THE PURPOSES OF THE DEPARTMENT OF HEALTH, AND IS NOT TO BE USED FOR ANY OTHER PURPOSE. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

180

Permit No. 4.58.40
4.8.58

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 *George W. Daws*
.....

Licensed Embalmer No. *47*

P. O. Address *Kingsport*

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.