

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013559
Stat. File No.

FILED APR 21 1958

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300-South Grand Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>300-South Grand Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morris</u>		b. (Middle) <u>Emory</u>	
c. (Last) <u>Mason</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 30, 1890</u>
9. AGE (In years less birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton, County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Mason</u>	
13b. MOTHER'S MAIDEN NAME <u>Aara Kelson</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Brooks Mason</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>510-12-6853</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Letitia Gehrig</u>		ADDRESS <u>Lexington, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>	
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 _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>4-17, 1958</u> , to <u>4-17, 1958</u> that I last saw the deceased alive on <u>4-17, 1958</u> and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>D. W. Stewart MD</u> (Degree or title)		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>4/19/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 19, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brooks Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Barnett</u>	
DATE REC'D BY LOCAL REG. <u>4/19/58</u>		REGISTRAR'S SIGNATURE <u>B. Stewart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Barnett</u>		ADDRESS <u>Keytesville, Mo.</u>	

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

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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
Student Embalmer

Signed N. D. Garrett

Licensed Embalmer No. 3046

P. O. Address K. J. ...

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 this body is not embalmed, fact should be so stated above.