URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032091

FILED VS SEP 28 1959

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 158

NDED

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Length of stay in 1b 5 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gormans Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mercer
c. CITY OR TOWN Princeton, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Huston Last Mason

4. DATE OF DEATH Month Sept. Day 16, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Jan. 24, 1874

9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months 7 Days 23 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware & Produce

10b. KIND OF BUSINESS OR INDUSTRY Own Store

11. BIRTHPLACE (City and state or country) Mercer County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Isaac Mason

13b. MOTHER'S MAIDEN NAME Ellen Kates

14. NAME OF HUSBAND OR WIFE Deceased - Minnie Mason.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 495-10-0026

17. INFORMANT Orville Mason, Address Princeton, 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) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 1st 1957, to Sept 16th 1959 and last saw her/him alive on Sept 14th 1959
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Oliver F. Duffy MD

22b. ADDRESS Trenton Mo

22c. DATE SIGNED Sept. 19th 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept. 19, 1959

23c. NAME OF CEMETERY OR CREMATORY - Princeton Cemetery

23d. LOCATION (City, town, or county) Princeton, Mo. (State)

24. FUNERAL DIRECTOR Martin-Azbell Funeral Home — ADDRESS Princeton, Mo.

25. DATE RECD. BY LOCAL REG. 9/19/59

26. REGISTRAR'S SIGNATURE Irene Fair

Lyman E. Azbell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lyman E. Abbell

Licensed Embalmer No. 5020

P. O. Address Princeton, N

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