

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010652

Registration District No. 132 Primary Registration District No. 3621 Registrar's No. 50

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRENTON</u>	Length of stay in 1b <u>20 YEARS</u>	c. CITY OR TOWN <u>TRENTON</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>115 W 6</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HAROLD</u> Middle <u>E</u> Last <u>MASON</u>			4. DATE OF DEATH Month <u>MAR.</u> Day <u>6</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/31/1917</u>	9. AGE (last birthday) <u>42</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Muffs Bakery</u>	11. BIRTHPLACE (City and state or country) <u>Grundy Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gyrus Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Phronia Dockery</u>		14. NAME OF HUSBAND OR WIFE <u>DORA MASON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-18-1122</u>	17. INFORMANT Address <u>DORA MASON Trenton, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun Shot Wound of Head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3h</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 on 3/6/60 to _____ and last saw him alive on 3/6/60
Death occurred at _____ 630 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. J. Mairs MD</u> (Degree or title)		22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>3/9/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trenton 1007 Cemetery</u>	23d. LOCATION (City, town, or county) <u>Trenton Mo.</u>	(State)
24. FUNERAL DIRECTOR <u>J. Gordon Blackmore Trenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3/24/60</u>	26. REGISTRAR'S SIGNATURE <u>Jane Jar</u>	

FUSON OR DR. MAIRS.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 10 1960

48 APR 1960

MAR 28 1960

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 Claude H. Crandall J

Licensed Embalmer No. 4986

P. O. Address Newton, T

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