

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034018

FILED VS. OCT. 3 1960 43

Primary Registration District No.

Registrar's No.

515

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b 2 hrs.	c. CITY OR TOWN MINER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKE WAPPAPELLO			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside corporate limits, give location) ROUTE 2, Box 289 SIKESTON, Mo.		
3. NAME OF DECEASED (Type or print) First Middle Last LARRY GENE MASON			4. DATE OF DEATH Month Day Year SEPT. 4, 1960			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-23-37	9. AGE (last birthday) 23	IF UNDER 1 YEAR IF UNDER 24 HR Moghs Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE CLERK		10b. KIND OF BUSINESS OR INDUSTRY GAS COMPANY	11. BIRTHPLACE (City and state or country) SIKESTON, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HAMPTON MASON		13b. MOTHER'S MAIDEN NAME MARY SEABAUGH		14. NAME OF HUSBAND OR WIFE -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 500-38-7871		17. INFORMANT HAMPTON MASON		Address Box 289 SIKESTON, 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) Asphyxiation DUE TO (b) drowning while water skiing DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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.) Water skiing				
20c. TIME OF INJURY Hour 12:30 p.m.	Month, Day, Year 9-4-60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake Wappapello		20f. CITY, TOWN, OR LOCATION Butler		STATE Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at about 12-30 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Greer W Green Coroner			22b. ADDRESS Poplar Bluffs		22c. DATE SIGNED 9/10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-6-60	23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES		23d. LOCATION (City, town, or county) SIKESTON, Mo.		
24. FUNERAL DIRECTOR Edw. E. Hummel		ADDRESS SIKESTON, Mo.	25. DATE RECD. BY LOCAL REG. 9/10/60		26. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 1 1960

VS OCT 3 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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Silveston

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