

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042280

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1755

FILED DEC 3 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Greene</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Length of stay in lb 43 years</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1630 Cherry Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Greene</p> <p>c. CITY OR TOWN Springfield, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 1630 Cherry Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First MARGARET Middle I. Last MASON</p>	
<p>4. DATE OF DEATH Month November Day 26 Year 1962</p>	
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH April 24, 1873</p>
<p>9. AGE (last birthday) 89</p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>
<p>11. BIRTHPLACE (City and state or country) Ashland, Missouri</p>	<p>12. CITIZEN OF WHAT COUNTRY USA</p>
<p>13a. FATHER'S NAME John C. VanAusdel</p>	<p>13b. MOTHER'S MAIDEN NAME Mary Francis Thomlinson</p>
<p>14. NAME OF HUSBAND OR WIFE John Wilson Mason</p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None</p>
<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Miss Elizabeth Ann Mason Address Springfield, MO</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Dehydration</p> <p style="text-align: center;">DUE TO (b) Intestinal obstruction</p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs.</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: right;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from <u>9-10-62</u> to <u>11-21-62</u> and last saw him alive on <u>11-21-62</u></p> <p>Death occurred at <u>1:30</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Don E. Meachette, MD</p>	<p>22b. ADDRESS 1930 N Jefferson Springfield, Mo</p>
<p>22c. DATE SIGNED 11/26/62</p>	<p>22d. LOCATION (City, town, or county) Springfield, Missouri (State)</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE Nov. 27, 1962</p>
<p>23c. NAME OF CEMETERY OR CREMATORY Greenlawn</p>	<p>23d. LOCATION (City, town, or county) Springfield, Missouri (State)</p>
<p>24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc. ADDRESS Springfield, Missouri</p>	<p>25. DATE RECD. BY LOCAL REG. 11-28-62</p>
<p>26. REGISTRAR'S SIGNATURE Effie S. Melton</p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Permit 11-26-62

Dr. Z. Mandel
1630 N. Jeff

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 Lewis S. Sharp

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.