MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048109
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0940
2 08202
3
4 0
5 1
6
7 0
8 2
9 7954
10
11
12 91-8
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 316 Primary Registration District No. — Registrar's No. 553

FILED JAN 8 1963

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck — Length of stay in Ib 4 WKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sherry's Cafe — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: Fred Middle: Mel Last: Mason
4. DATE OF DEATH Month: Dec Day: 31 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-3-1906
9. AGE (last birthday): 56 — IF UNDER 1 YEAR Months: 7 Days: 28 — IF UNDER 24 HR Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair, maintence
10b. KIND OF BUSINESS OR INDUSTRY: Sewing Machines
11. BIRTHPLACE (City and state or country): Stahl, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Clee Mason
13b. MOTHER'S MAIDEN NAME: Dovey Mae
14. NAME OF HUSBAND OR WIFE: Lena Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Lost Unknown
17. INFORMANT: Lena Mason — Address: Bismarck, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumed to be "Natural Causes"
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Investigated by Ted Boyer, Coroner of St. Francois County, Mo.
DUE TO (c)
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. ☐ 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

Withdrawn

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Esther Rudloff (Degree or title) Local Registrar St. Francois Co.
22b. ADDRESS Realty Bldg., Farmington, Mo.
22c. DATE SIGNED 1-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-3-62
23c. NAME OF CEMETERY OR CREMATORY: Masonic
23d. LOCATION (City, town, or county) (State): Bismarck, Mo.

24. FUNERAL DIRECTOR: Shipman & Sons — ADDRESS: Bismarck, Mo.
25. DATE RECD. BY LOCAL REG.: Jan 1, 1963
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1963

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 Johnnye N. Shipman Jr, Student Embalmer No. 664 working under my personal supervision.

Student Johnnye N. Shipman Jr. Signature of Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.