

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

26077

Registered in District No. 366  
**FILED AUG 12 1946**

Primary Registration District No. 2535

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Mineral Point  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Mineral Point  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lytle Mason

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Mason 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 19 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 4 28 hr. min.

9. Birthplace Richwood Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Roading

11. Industry or business \_\_\_\_\_

12. Name John Mason

13. Birthplace Richwood Mo. D  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Pollock

15. Birthplace Washington Co Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Mason

(b) Address Mineral Point Mo.

17. (a) Burial (b) Date thereof 5-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Mineral Point Mo.

18. (a) Signature of funeral director Mrs. Luther Spack

(b) Address Patton Mo.

19. (a) June 14 (b) Thos. G. Frensch  
(If not received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1946 hour 8 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 21 day 13, 1946 to 21 day 17, 1946, that I last saw him alive on May 13, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart lesion

Due to \_\_\_\_\_ Duration ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 92d Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury O

23. Signature Joseph L. Flewman (M. D. or other) Address Patton, Mo. Date signed 5-22-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4  
District File Number 846-2493  
Date Filed 8-10-46

NOV 10 1954

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Murphy Sparks  
Licensed Embalmer No. 4336  
P. O. Address Hot River, 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 this body is not embalmed, fact should be so stated above.