

No. 300
10. 48

FILED AUG. 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22784
52

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>28 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>South 2nd West</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South 2nd West</u>		d. STREET ADDRESS (If rural, give location) <u>South 2nd West</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Faye</u> c. (Last) <u>Mason</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>May 13, 1892</u>		9. AGE (In years last birthday) <u>57</u>		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		11. BIRTHPLACE (State or foreign country) <u>Danvers, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Carlin L. Burdette</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Susan Roach</u>		14. NAME OF HUSBAND OR WIFE <u>E.A. 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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice Faye Thompson Jackson, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gyneco-Sarcoma</u> ANTECEDENT CAUSES <u>None known</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
---	--	---	--	---	--

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Tumor Gyneco Sarcoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from June 1945, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. G. Schuber</u> (Degree or title)		23b. ADDRESS <u>Jackson Mo.</u>		23c. DATE SIGNED <u>7-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>					

DATE REC'D BY LOCAL REG. <u>July 25-49</u>		REGISTRAR'S SIGNATURE <u>D. G. Schuber</u> 43		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. Schuber Jackson, Mo.</u>	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-3-49

Health Officer No. 4

Sanitary License Number 849-1044

Date Filed

SEP 29 1949

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 _____
Student Embalmer

Signed *Virgil H. Welch*

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau - 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.