

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6238 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Washington</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Belgrade</u> c. LENGTH OF STAY (In this place) _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Belgrade</u> d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. north of Belgrade</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>Lon</u> c. (Last) <u>Mason</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 25 1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John B. Mason</u>			
13b. MOTHER'S MAIDEN NAME <u>Emma Dane</u>		14. NAME OF HUSBAND OR WIFE <u>#</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Mason, 2634 Pennsylvania St. Louis 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>GunsHOT wound of neck,</u> ANTECEDENT CAUSES <u>12 ga. shot gun -</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic illness</u>			INTEGRAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>2976X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Belgrade - Washington Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 - 9 - 1950 9A. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>GunsHOT wound of neck.</u>	
22. I hereby certify that I attended the deceased from <u>no physician</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>never</u> , 19 <u>50</u> , and that death occurred at <u>8.00A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman, M.D. Coroner</u>			23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bennet Bryan</u>	
24d. LOCATION (City, town, or county) (State) <u>Belgrade Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-20-50</u>		REGISTRAR'S SIGNATURE <u>Calla S. White</u> <u>336</u>		ADDRESS <u>Belgrade Mo.</u>	

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

JAN 30 1950

RECEIVED

JAN 28 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-128

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address London Nc

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.