

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22472

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY OR TOWN Shelbina		c. CITY OR TOWN Bethel	
c. LENGTH OF STAY (in this place) 2 Weeks		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Lincoln	c. (Last) Mason	4. DATE OF DEATH (Month) (Day) (Year) June 11, 1950
-------------------------------------	--------------------------	----------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1891	9. AGE (In years) (last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	--	---	------------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME Lincoln Mason	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Margaret E. Mason
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or date of service)	16. SOCIAL SECURITY NO. 352-12-6720	17. INFORMANT'S SIGNATURE OR NAME Margaret E. Mason	ADDRESS Shelbina Mo.
---	---------------------------------------	--	--	-----------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		151X	

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)	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) (m.)	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 Feb. 1950, to June 11, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Howard U. Rutton (Degree or title) 200.	23b. ADDRESS Bethel Mo.	23c. DATE SIGNED June 17, 50
--	--------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-13-50	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. June 17-50	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes	ADDRESS Shelbina, MO.
--	---	-----	--	------------------------------

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

1021

RECEIVED JUN 19 1950
District Health Officer No. 10
District File Number 6-50-996
Date Filed JUN 19 1950

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 Paul E. Dwyer

Licensed Embalmer No. 4461

P. O. Address Shalline, Md

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.