S. No. 300
v. 10.48

5600
1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

17243

State File No.

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson 0600
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HUBERT
c. (Last): MASON

4. DATE OF DEATH (Month) (Day) (Year): 5-18-1951

5. SEX: 0 Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 2-3-1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 4, Days 15 — IF UNDER 24 HRS.: Hours 2, Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Western Grove Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Eden Mason
13b. MOTHER'S MAIDEN NAME: Rosa Clark
14. NAME OF HUSBAND OR WIFE: Mary Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 493-34-2457
17. INFORMANT'S SIGNATURE OR NAME: Roy Mason
ADDRESS: Anderson, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Fever — June 1950
DUE TO (c) X Ray enlarged Heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1950, *to* May 18, 1951, *that I last saw the deceased alive on* May 19, 1951, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. B. Burk O.D.
(Degree or title)
23b. ADDRESS: Anderson, Mo.
23c. DATE SIGNED: 5-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-20-1951
24c. NAME OF CEMETERY OR CREMATORY: Anderson Cemetery
24d. LOCATION (City, town, or county) (State): Anderson Mo.

DATE REC'D BY LOCAL REG.: 5-20-51
REGISTRAR'S SIGNATURE: Mayme Humphrey 423
25. FUNERAL DIRECTOR'S SIGNATURE: Tatum Funeral Home
ADDRESS: Anderson, Mo.
(Licensed Embalmer's Statement on Reverse Side) R.E. Cheatham " "

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUN 4 1951
Dist. File 651-9250
Date Filed 6-4-51

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 me, Student Embalmer No. 2, working under my personal supervision.

Student ✓
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.