

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9459

State File No.

FILED APR 14 1954

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Rural Walker</u>		c. CITY OR TOWN <u>California, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home Rt # 1. California, Mo</u>		f. ADDRESS <u>0680</u>	
3. NAME OF DECEASED (Type or Print) <u>Lloyd Aaron Mason</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____
4. DATE OF DEATH <u>Apr 10 1954</u>		(Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 12 1892</u>
9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>29</u>	IF UNDER 1 MIN. Hours _____ Min. _____
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 <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howe Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Finley E. Mason</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Finley P Mason</u> ADDRESS <u>California Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide - Gun-shot wound in head - 22 cal revolver wound.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Death instantaneous</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Wound.</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</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>farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 10 1954 9A</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suicide</u>	
22. I hereby certify that I attended the deceased from <u>death</u> , 19 <u>54</u> , to <u>first seen</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kerion Latham M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>4-10-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/13/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemt</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph. Mo</u>
DATE REC'D BY LOCAL REG. <u>4-10-54</u>	REGISTRAR'S SIGNATURE <u>H. L. Gagey</u> 506		25. FUNERAL DIRECTOR'S SIGNATURE <u>East Boulder</u> ADDRESS <u>California</u>

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

(Licensed Embalmer's Statement on Reverse Side)

S.M.O.

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.....
Signature of Student Embalmer

Signed..... *Jack H. Bowlin*

Licensed Embalmer No... *493*

P. O. Address... *California*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.