

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17857

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>16 1/2 Hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>801 Frisco</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>801 Frisco</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jo</u>			b. (Middle)		c. (Last) <u>Mason</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 17, 1947</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. <u>6 6 9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Houston, Texas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe B. Mason</u>			13b. MOTHER'S MAIDEN NAME <u>Mamie Harper</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe B. Mason</u> ADDRESS <u>Monett, 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>Measles Encephalitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rubeolla</u> DUE TO (c) <u>0850</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongoloidism; Ac. Gastroenteritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 days</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)		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 <u>3/5, 1951</u> , to <u>6/26, 1954</u> , that I last saw the deceased alive on <u>6/26, 1954</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. Schenberg M.D.</u>				23b. ADDRESS <u>Monett, Mo.</u>			23c. DATE SIGNED <u>6/28/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6.28.54</u>		REGISTRAR'S SIGNATURE <u>Katherine Henderson</u> <u>4873</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MERCER FUNERAL HOME Monett, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 754-57

DATE REC. 7-6-54

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Missouri

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.