

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22884**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5553 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SOUTH FORK, MISSOURI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SOUTH FORK, MO</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>	

3. NAME OF DECEASED (Type or Print) HENRY GEORGE MASON

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH 7-20-54
(Month) (Day) (Year)

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH 2-2-1889 9. AGE (In years last birthday) 65

IF UNDER 1 YEAR: Months 5 Days 18

IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (State or foreign country) HOWELL COUNTY, MO

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME G. F. MASON 13b. MOTHER'S MAIDEN NAME EVALINE OSTRANDER 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME BOB MURPHY, MOODY, MISSOURI ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema

ANTECEDENT CAUSES DUE TO (b) arteriosclerotic Heart Disease

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

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

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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 20, 1954, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 6:30 PM from the causes and on the date stated above.

23a. SIGNATURE Dr. Richard A. Smith D.O. (Degree or title) 23b. ADDRESS West Plains Mo. 23c. DATE SIGNED 7-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify) B 24b. DATE 7-22-54 24c. NAME OF CEMETERY OR CREMATORY MCELMURRY 24d. LOCATION (City, town, or county) (State) SOUTH FORK, MO

DATE REC'D BY LOCAL REG. 8-4-54 REGISTRAR'S SIGNATURE Beatrice Cook 379 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

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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

A. S. Roberts

Licensed Embalmer No. *3537*

P. O. Address *Westham*

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.