

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10. 48

FILED MAR 8 1955

BIRTH NO.		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>23 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home 319 North Grant</u>				d. STREET ADDRESS (If rural, give location) <u>319 North Grant</u>			
3. NAME OF DECEASED (Type or Print) <u>Mrs. Anna M-</u>				a. (First) <u>Mason</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 24 - 55</u>	
5. SEX <u>Fe.</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-7-1892</u>	
9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HR. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksdale Mississippi</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksdale Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Glenn</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Glenn</u>		14. NAME OF HUSBAND OR WIFE <u>Tanzie Mason</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-29-2785</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tanzie Mason, Marshall, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid 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. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 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) <u>331 X</u>			
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>Feb 18</u> , 1955, to <u>Feb 24</u> , 1955, that I last saw the deceased alive on <u>Feb 24</u> , 1955, and that death occurred at <u>1:40 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Marshall</u>		23c. DATE SIGNED <u>2-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/27/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-27-55</u>		REGISTRAR'S SIGNATURE <u>Cecil J. Reed Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4220

P. O. Address _____

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.