

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36831**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 74

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Washington</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Breton Township</b> |  | c. CITY OR TOWN <b>Breton Township</b>   |  |
| c. LENGTH OF STAY (In this place) <b>Life</b>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 mi. So. Potosi</b>                                   |  | e. STREET ADDRESS (If rural, give location) <b>1/2 mi. So. Potosi</b>  |  |

|                                     |                        |                          |                         |                                       |                   |
|-------------------------------------|------------------------|--------------------------|-------------------------|---------------------------------------|-------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>John</b> | b. (Middle) <b>Frank</b> | c. (Last) <b>Masson</b> | 4. DATE OF DEATH (Month) (Day) (Year) | <b>Oct. 27 56</b> |
|-------------------------------------|------------------------|--------------------------|-------------------------|---------------------------------------|-------------------|

|                    |                               |   |                                  |   |                                 |   |
|--------------------|-------------------------------|---|----------------------------------|---|---------------------------------|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>4/1/1890</b> | 9. AGE (In years Last birthday) <b>66</b> | IF UNDER 1 YEAR Months <b>6</b> | IF UNDER 24 HRS. Days <b>26</b> Hours <b>0</b> Min. |
|--------------------|-------------------------------|---|----------------------------------|---|---------------------------------|---|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>General</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Washington Co., Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|--|--|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>John W. Masson</b> | 13b. MOTHER'S MAIDEN NAME <b>Ethel Linn Lawson</b> | 14. NAME OF HUSBAND OR WIFE <b>Maude Masson</b> |
|--|--|---|

|  |                               |   |                            |
|--|-------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <b>Maude Masson</b> | ADDRESS <b>Potosi, Mo.</b> |
|--|-------------------------------|---|----------------------------|

|  |   |                |   |
|--|---|----------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |                | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia left lung.</b>  |                |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |                |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Valvular heart lesion</b>   |   | <b>unknown</b> |   |

|                              |  |  |
|------------------------------|--|--|
| 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 10-26, 1956, to 10-27, 1956, that I last saw the deceased alive on 10-26, 1956, and that death occurred at 11 P.m., from the causes and on the date stated above.

|   |  |                                    |
|---|--|------------------------------------|
| 23a. SIGNATURE <b>Joseph L. Thurman</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>121 E-High-Potosi, Mo.</b> | 23c. DATE SIGNED <b>10-29-1956</b> |
|---|--|------------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>10/31/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>New Masonic</b> | 24d. LOCATION (City, town, or county) (State) <b>Potosi, Mo.</b> |
|---|---------------------------|---|--|

|  |  |   |                          |
|--|--|---|--------------------------|
| DATE REC'D BY LOCAL REG. <b>10/30/56</b> | REGISTRAR'S SIGNATURE <b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> | ADDRESS <b>Potosi Mo</b> |
|--|--|---|--------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

1966

1966

MS AUG 15 1966

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..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*W. H. Boyer*

Licensed Embalmer No. *4158*

P. O. Address.....  
*Potosi*

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.