Health, & Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38974
STATE FILE NUMBER

FILED OCT 30 1957

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Breton — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6 Mi E. Potosi — Length of stay in 1b 16 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Rural-Breton 1100 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 Mi E. Potosi — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Elijah Last Mass
4. DATE OF DEATH Month Oct. Day 26 Year 1957
5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 4 1891
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 7 Days 22 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill work
10b. KIND OF BUSINESS OR INDUSTRY Timber
11. BIRTHPLACE (City and state or country) Wayne Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Mass
14. MOTHER'S MAIDEN NAME Mary Alcorn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dollie Mae Mass Address Mineral Point RR Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown but possible influenza; had been under medical care for the past eight years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) but physician was in Europe and no other physician was consulted.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 481 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3-15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hilbert Kendall, Local Registrar 8
22b. ADDRESS 912 Richardson Rd Potosi, Mo.
22c. DATE SIGNED 10/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-28-57
23c. NAME OF CEMETERY OR CREMATORY Rubel Cemetery
23d. LOCATION (City, town, or county) Wayne Co. Mo. (State)

24. FUNERAL DIRECTOR Mr. Luther Sparks ADDRESS Potosi Mo
25. DATE RECD. BY LOCAL REG. 10/29/57
26. REGISTRAR'S SIGNATURE Hilbert Kendall

(Licensed Embalmer's Statement on Reverse Side)

403

RECEIVED

OCT 29 1957

WASH. COUNTY HEALTH DEPT.

File No. _____

NOV 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks.....

Licensed Embalmer No. 4236

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.