

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001068

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 13

300
1-57

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton 0402 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 Washington St.		Length of stay in lb 1 year.	d. STREET ADDRESS (If outside, give location) 410 Washington St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE HARVEY MASON			4. DATE OF DEATH Month Day Year JAN 17 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR 30, 1900
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad employe		10b. KIND OF BUSINESS OR INDUSTRY Shops.	11. BIRTHPLACE (City and state or country) Grundy Co. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CYRUS MASON	
13b. MOTHER'S MAIDEN NAME Phoenia Dockery		14. NAME OF HUSBAND OR WIFE Estie MASON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 708-14-4372	
17. INFORMANT Estie MASON		Address 410 Washington St, Trenton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculosis (lung)			INTERVAL BETWEEN ONSET AND DEATH 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) CO2X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 _____ from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. A. Duffy M.D. (Degree or title)		22b. ADDRESS Trenton Mo	22c. DATE SIGNED Jan 20 1959 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE JAN 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery
23d. LOCATION (City, town, or county) Trenton, Mo.			
24. FUNERAL DIRECTOR J. Gordon Blackmore		ADDRESS Trenton, Mo.	25. DATE RECD. BY LOCAL REG. 1-20-59
26. REGISTRAR'S SIGNATURE Irene Fair			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. E.A. Duffy

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

FEB 3 1959

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
Signature of Student Embalmer

Signed *Wm. H. Crumley*

Licensed Embalmer No. *4986*

P. O. Address *Trenton, Mo.*

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.