

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012137
STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 13

300
1-57

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1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mountain Grove		c. CITY OR TOWN Mountain Grove 1146	
c. FULL NAME OF (If NOT in hospital, give location) Mountain Grove Rest Home-2 yrs		d. STREET ADDRESS (If outside, give location) 320 East N. Street	
3. NAME OF DECEASED First John Middle Wesley Last Mason		4. DATE OF DEATH Month March Day 14 Year 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 August 12, 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister of Gospel		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 97
11. BIRTHPLACE (City and state or country) Covington, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Mason		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Mrs Ida Wells 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.	
17. INFORMANT Mrs Lon Riley		Address Mountain Grove, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Several months
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) 4500			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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Mountain Grove, Missouri	
21. I attended the deceased from Feb. 22 - 1959 to Mar. 14 - 1959 and last saw ^{her} him alive on Mar. 13 - 1959 Death occurred at 4:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Mtn. Grove Mo.	
22c. DATE SIGNED 3-16-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/17/1959	23c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery	23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri
24. FUNERAL DIRECTOR Barber Funeral Home		ADDRESS Mtn. Grove, Mo.	25. DATE RECD. BY LOCAL REG. March 26 1959
			26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Date Filed 4-6-57

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
Signature of Student Embalmer

Signed *George Stapfe*

Licensed Embalmer No. *3161*

P. O. Address *Mtn. View*

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.