

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-047095**

FILED VS **DEC 20 1960**

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 444 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Humansville,</b>		Length of stay in 1b <b>2 yrs</b>	c. CITY OR TOWN <b>Humansville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Benjamin Arthur Mason</b>			4. DATE OF DEATH Month Day Year <b>12 11 1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/21/82</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Gasconade Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Robert T. Mason</b>		13b. MOTHER'S MAIDEN NAME <b>Arbella Vaughan</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha E. Mason</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT Address <b>Bertha E. Mason Humansville, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>arteriosclerotic Heart Disease</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) <b>Right Pleural Effusion, Pyelonephritis, Staphylococcal, Bilateral.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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		COUNTY STATE

21. I attended the deceased from <b>Feb 15 1960</b> to <b>Dec. 9, 1960</b> and last saw him alive on <b>Dec. 9. 1960.</b> Death occurred at <b>11 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>L.D. Smith M.D.</b>	22b. ADDRESS <b>Palmer Mo</b>	22c. DATE SIGNED <b>Dec. 12-60</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/14/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crutsinger Cemetery</b>	23d. LOCATION (City, town, or county) <b>Hickory County Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Bedkwith Funeral Home Humansville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-15-1960</b>	26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per Jewell Gordon</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humenwille, Ill.

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.