

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34780

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

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u> Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richmond Twnshp</u>		c. LENGTH OF STAY (In this place) <u>79 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richmond Twnshp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles NE of Richmond</u>			d. STREET ADDRESS (If rural, give location) <u>6 miles NE of Richmond</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BYRON</u>		b. (Middle) <u>OWEN</u>	c. (Last) <u>MASON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 1, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>July 31, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>S. O. Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Delaney</u>	14. NAME OF HUSBAND OR WIFE <u>Annie R. Thompson Mason</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Mason</u> ADDRESS <u>Richmond, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Prostatic trouble</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				<u>4-5 years</u>
	DUE TO (c) _____				<u>18)X</u>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Arteriosclerosis</u>				
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 <u>October 19, 1946</u> , to <u>Oct. 31, 1949</u> , that I last saw the deceased alive on <u>Nov. 1, 1949</u> , and that death occurred at <u>2:15 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE _____ (Degree or title)		23b. ADDRESS <u>Richmond, Missouri</u>		23c. DATE SIGNED <u>Nov. 1, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 1-1949</u>	REGISTRAR'S SIGNATURE <u>Malufgaskon 273</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson Funeral Home</u> ADDRESS <u>Richmond, Mo.</u>			

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-49

JAN 5 1950

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1951 27 128

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, W. L. Thurman

working under my personal supervision.

Student Embalmer No.

Signed William L. Thurman

Signed.....
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.