

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13125

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1742

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Logan	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 10 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Stapleton 82601	
d. STREET ADDRESS (If rural, give location) 801			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) L.	
c. (Last) MASON		4. DATE OF DEATH (Month) (Day) (Year) 4 13 50	
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 2, 1872
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer	11. BIRTHPLACE (State or foreign country) Iowa
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Wm. B. Mason		13b. MOTHER'S MAIDEN NAME Nancy E. Wiley	
14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME W. G. Mason		ADDRESS Albion, Nebr.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Exhaustion ANTECEDENT CAUSES Coronary disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma Rectum	
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>4-3</u> , 19 <u>50</u> to <u>4-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>50</u> , and that death occurred at <u>2:10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. G. Montgomery		23b. ADDRESS Professor Bldg.	
23c. DATE SIGNED 4/19/50			
24a. BURIAL, CREMATION, OR REMOVAL removal		24b. DATE 4-13-50	
24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) Stapleton, Nebr.	
DATE REC'D BY LOCAL REG. 4-14-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner		ADDRESS K. Co. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

Alvin R. Hainischel

Licensed Embalmer No. *H159*

P. O. Address *K. C. 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.