

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

23609

3130

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1900 Linwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linwood Nursing Home</u> <u>1900 Linwood Blvd. KC., Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>E</u> c. (Last) <u>Mason</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1950</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb. 7, 1875</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Pollock Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>G. W. Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Baves</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. Mason Shattuck, Okla.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia with nephrosclerosis &amp; arteriosclerosis</u> <u>die heart disease hypertensive type</u> <u>with cerebral arteriosclerosis &amp; ganglia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis chronic - febrile</u> <u>lung changes</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5-7 days</u> <u>4200</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>8-23</u> , 19 <u>49</u> , to <u>7-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>50</u> , and that death occurred at <u>7:10</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D.M. Nigro</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>925 Argyle Bldg</u>		23c. DATE SIGNED <u>7/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>July 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milan Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-19-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. G. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

AUG 2 1930

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.