

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34010

State File No.

0481
5

FILED NOV 10 1951

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|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>150</u> | | PRIMARY REG. DIST. NO. <u>5572</u> | | Registrar's No. <u>145</u> | |
| 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 OR TOWN <u>Rural Prairie Twp</u> | | c. LENGTH OF STAY (in this place) <u>14 days</u> | | c. CITY OR TOWN <u>#7 + 50 Hi-way</u> | | 0481 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Lee's Summit, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>JOHN</u> | | a. (First) <u>JOHN</u> | | b. (Middle) <u>MASON</u> | | c. (Last) <u>MASON</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>10-24-1951</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | |
| 8. DATE OF BIRTH <u>8-5-1869</u> | | 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Princeton, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jackson County Home, Rt. #4, Ind. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10/24/51</u> | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION <u>350-X</u> | |
| 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) m. | | 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>Oct 17, 1951</u> , to <u>Oct 24, 1951</u> , that I last saw the deceased alive on <u>Oct 23, 1951</u> , and that death occurred at <u>8:40 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. H. Johnson</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>West Camp Bedy Independence, Mo.</u> | | 23c. DATE SIGNED <u>10/24/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>Oct. 31, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>10-29-1951</u> | | REGISTRAR'S SIGNATURE <u>Edward C. Carshaw</u> 378 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Langford Lee's Summit, Mo.</u> | | | |

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

NOV 7 RECD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

B. J. Lindley

Licensed Embalmer No. *#822*

Signed

Student Embalmer

P. O. Address *Leek Summit, 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.