

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25235**  
**3188**

FILED JUL 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4110 Baltimore Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>4110 Baltimore Avenue</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>PASCAL</b>		b. (Middle) <b>P.</b>	
c. (Last) <b>WASSON</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 21, 1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 27, 1870</b>
<b>9. AGE</b> (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired, Letter Carrier U. S. Gov't.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>U. S. Gov't.</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kansas City, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>	
<b>13a. FATHER'S NAME</b> <b>James Wasson</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Pauline Wasson</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Pauline Wasson Kansas City, Mo.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Sclerosis</b>  ANTECEDENT CAUSES 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.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION.</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Apr 19 53</u> <b>to</b> <u>June 21 1953</u> , <b>that I last saw the deceased alive on</b> <u>June 19 1953</u> <b>and that death occurred at</b> <u>9:30 A.M.</u> <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>H. E. Carlson</b> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>1316 Professional Bldg</b>	
<b>23c. DATE SIGNED</b> <b>22 June</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	
<b>24b. DATE</b> <b>6-23-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Freeman Mortuary Kansas City, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>6-25-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>	

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

300  
48

Prof. Beck

V. I. 3707

of 1:30 PM  
Mon.

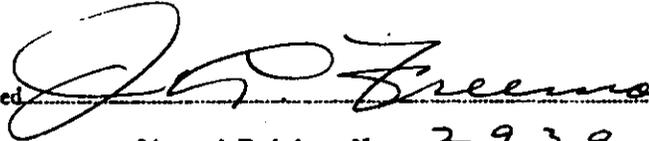
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2939

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.