

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4956**
572

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN KANSAS CITY,	c. LENGTH OF STAY (In this place) approx. 3 1/2 yrs.	c. CITY (OR TOWN) KANSAS CITY	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 3847 BALTIMORE	

3. NAME OF DECEASED (Type or Print) a. (First) IRVIN b. (Middle) V c. (Last) MASON	4. DATE OF DEATH (Month) (Day) (Year) February 7, 1955
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5. SEX D Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH January 17, 1916	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Landscaper	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	12. COUNTRY OF WHAT CITIZENRY? U.S.A.
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13a. FATHER'S NAME John Mason	13b. MOTHER'S MAIDEN NAME Mary Hartet	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital, Official Records, K. C. Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month 5811
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laennec's cirrhosis		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that ^{VA} I attended the deceased from **Feb. 21, 1955**, to **Feb. 7, 1955**, ~~and that death occurred at~~ **8:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur P. Klotz (Degree or title) 0	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 2/7/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Feb. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) ALTON MISSOURI
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DATE REC'D. BY LOCAL REG. I 8-55	REGISTRAR'S SIGNATURE vera minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.A. Newcome ADDRESS 1331-BAYSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed.....
Basil V. Honey

Licensed Embalmer No. *472*

P. O. Address *TC*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.