

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23854  
State File No. 3084

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3084	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 51 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				STREET ADDRESS (If rural, give location) 209 Westport Road 3688			
3. NAME OF DECEASED (Type or Print) BLANCHE		a. (First)		b. (Middle) L.		c. (Last) MASSON	
4. DATE OF DEATH		(Month) July		(Day) 13,		(Year) 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1878.	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Harlon Luellen		13b. MOTHER'S MAIDEN NAME Molley Easterla	
14. NAME OF HUSBAND OR WIFE Chauncey D. Masson				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chauncey D. Masson, 209 Westport Rd. K.C. Mo.							
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia				3 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				4 days	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Congestive Heart Failure					
		DUE TO (c) Anteroseptal Heart Disease					
		II. OTHER SIGNIFICANT CONDITIONS				4 hrs	
		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 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 July 11, 1956, to July 13, 1956, that I last saw the deceased alive on July 13, 1956, and that death occurred at 3:55 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Otto W. Theel (Degree or title) <sup>d</sup>				23b. ADDRESS 4301 Main Street		23c. DATE SIGNED 7-14-56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE July 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Lexington, Missouri		24d. LOCATION (City, town, or county) (State) Lexington, Missouri.	
DATE REC'D BY LOCAL REG. 7-16-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.			

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

4301 MAIN  
WE. 1-3199 -

10-AM - 2:00PM

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 *Clayton K Barnes*

Licensed Embalmer No. *4793*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.