

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025666  
State File No. ....

FILED JUL 25 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3267

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (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) <b>Kansas City,</b>	c. LENGTH OF STAY (in this place) <b>7 months</b>	c. CITY OR TOWN <b>Kansas City,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Forest Avenue Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>2320 Chestnut Avenue</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Israel</b>	b. (Middle)	c. (Last) <b>Mason</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 15, 1891</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.	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) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mell Mason</b>	13b. MOTHER'S MAIDEN NAME <b>Isabell Jennings</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Lee Mason</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>411-12-0575A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rose L. Mason, Kansas City, Mo.</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>331 1/2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Vascular Hypertension</b>		
	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 checked="" 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 I attended the deceased from 6/6 1958 to 6/27, 1958 that I last saw the deceased alive on 6/26, 1958 and that death occurred at 6:35 pm from the causes and on the date stated above.

23a. SIGNATURE <b>L. S. Daigle, M.D.</b>	(Degree or title) <b>D</b>	23b. ADDRESS <b>2122 Truman Rd</b>	23c. DATE SIGNED <b>7/1/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-2-1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-2-58</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. Meek's Mortuary, K.C. Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD L. S. Daigle



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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 *Hazel M. Hendrix*.....

Licensed Embalmer No. *4943*.....

P. O. Address *H. C. ...*.....

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.