

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044278

STATE FILE NUMBER

5832

91513-58
FILED DEC 30 1958

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) Inside Limits OR Kansas City, MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY. Inside Limits 548 Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay HOSPITAL OR St. Joseph Hosp 8 days		d. STREET ADDRESS (If outside, give location) Reside on Farm 7000 E. New 40 Highway Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Vincent Middle PAUL Last MASON		4. DATE OF DEATH Month 12 Day 10 Year 58	
5. SEX m	6. COLOR OR RACE w	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-26-58 12/20/58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Kansas City MO
13. FATHER'S NAME Jesse D MASON		14. MOTHER'S MAIDEN NAME Doris HAWMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT Address Jesse D. Mason, K.C. MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Heart Disease cannulation of Aorta, Patent Ductus Arteriosus AND Patent Foramen Ovale DUE TO (c) —			INTERVAL BETWEEN ONSET AND DEATH 8 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7546			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Dec 2 / 58 Dec 10 / 58 and last saw her alive on Dec 9 / 58 ✓ Death occurred at 6:02 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Julius M. Kantor MD		22b. ADDRESS 701 E 63 Kansas City Mo	22c. DATE SIGNED 10/Dec/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-10-58	23c. NAME OF CEMETERY OR CREMATORY Ridgeville	23d. LOCATION (City, town, or county) (State) St. Joseph Mo
24. FUNERAL DIRECTOR Address Stoney Funeral Home St Joseph Mo		25. DATE RECD. BY LOCAL REG. 12-10-58	26. REGISTRAR'S SIGNATURE New Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Julius M. Kantor

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 *Charles E. Bennett*

Licensed Embalmer No. *462*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.