

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047137  
STATE FILE NUMBER

6254

FILED JAN 19 1959

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Kansas City Mo</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City Mo</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>7206 Wornall Rd</i>		Length of stay in hb <i>32 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>7206 Wornall Rd</i>

3. NAME OF DECEASED (Type or print) First <i>Mr Elmer</i> Middle <i>Hier</i> Last <i>Hier</i>			4. DATE OF DEATH Month <i>12</i> Day <i>31</i> Year <i>1958</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-16-1882</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Bunting Hardware</i>	11. BIRTHPLACE (City and state or country) <i>Bevier, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>
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13a. FATHER'S NAME <i>James Hier</i>	13b. MOTHER'S MAIDEN NAME <i>Ann Evans</i>	14. NAME OF HUSBAND OR WIFE <i>Lulu May Hier</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>487-05-8112</i>	17. INFORMANT Address <i>Lulu May Hier 7206 Wornall Rd KC, Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>45 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary thrombosis</i>	
	DUE TO (c) <i>arteriosclerosis</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Was shovelling snow when attack occurred</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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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.)
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20c. TIME OF INJURY Hour <i>11:30</i> Month <i>12</i> Day <i>31</i> Year <i>1958</i> 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
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21. I attended the deceased from <i>July 1958</i> to <i>Dec. 31, 1958</i> and last saw <sup>him</sup> alive on <i>November 1958</i> Death occurred at <i>11:30 A.M., 12/31/58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Ernest H. Mason, D.O.</i>	22b. ADDRESS <i>7230 Wornall St, Kansas City</i>	22c. DATE SIGNED <i>1/1/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-3-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Mariah</i>	23d. LOCATION (City, town, or county) <i>Kansas City, Mo</i> (State)
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24. FUNERAL DIRECTOR ADDRESS <i>France-Wornall Funeral Home KC, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>1-1-59</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

Ernest H. Mason  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

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 *Russell M France* .....

Licensed Embalmer No. *4255* .....  
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.