

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001611

STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 29

300  
-57

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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Eberthing Nursing Home</b>	Length of stay in 1b <b>5 days</b>	d. STREET ADDRESS (If outside, give location) <b>602 Southwest Blvd</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Josephine</b> Middle <b>Mason</b> Last <b>Mason</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>16,</b> Year <b>1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 15, 1885</b>
9. AGE (In years) 1st birthday <b>73</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>5</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William M. Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Morris</b>	14. NAME OF HUSBAND OR WIFE <b>James R. Mason</b>
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>None</b>	17. INFORMANT <b>2706 North 13th</b> Address <b>Rev. Lillian Delahey K.C. Kansas</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral embolism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>332X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Neuritis</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 <b>5-19-58</b> to <b>1-15-59</b> and last saw her alive on <b>1-15-59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>P.M. Mason</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>1401 Sw Blvd K.C. Kan</b>	22c. DATE SIGNED <b>1-16-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Jan. 19, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant View Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Shawnee, Kansas</b>
24. FUNERAL DIRECTOR <b>1404 So. 37th</b> ADDRESS <b>Simmons Funeral Home K.C. Kans.</b>		25. DATE RECD. BY LOCAL REG. <b>1-18-59</b>	26. REGISTRAR'S SIGNATURE <b>James Craig</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 22 1962

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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons  
Signature of Student Embalmer

Signed H. Simmons

Licensed Embalmer No. 3903  
P. O. Address Kansas City,

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.