

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013431

STATE FILE NUMBER
1996

FILED MAY 13 1959 Registration District No. 149 Primary Registration District No. 10-02 Registrar's No.

300
-57

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) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3022 E. 20th St.		d. STREET ADDRESS (If outside, give location) 3022 E. 20th St.	

3. NAME OF DECEASED (Type or print) First Middle Last CEOLA W. MASON			4. DATE OF DEATH Month Day Year April 17, 1959		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 23, 1898	9. AGE (In years last birthday) 60 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	-------------------------------------	--	---	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY Christian Science	11. BIRTHPLACE (City and state or country) Glasco, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	-------------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Nancy Manier	14. NAME OF HUSBAND OR WIFE Kenneth L. Mason
-------------------------------	---	---

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 Kenneth Mason	Address 3022 E. 20th St.
--	---------------------------------	--------------------------------	-----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Malnutrition		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 293X		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 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 _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Deputy Coroner	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 4/18/59
----------------------------------	--------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL	23b. DATE 4-22-59	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) Ft. Leavenworth, Kansas
---------------------------------	----------------------	--	--

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton	25. DATE RECD. BY LOCAL REG. 4-21-59	26. REGISTRAR'S SIGNATURE Neva Minshall
--	---	--

L. M. Tillman

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *James R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Ben*

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.