URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-040225

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5621

AMENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 512 Woodland Com. Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Ray
c. CITY OR TOWN: Henrietta
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LULU Middle MALINDA Last MASON

4. DATE OF DEATH: Month Nov. Day 20, Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-10-1870
9. AGE (last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Napoleon, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Joe Blackwell
13b. MOTHER'S MAIDEN NAME: Nancy (unknown)
14. NAME OF HUSBAND OR WIFE: Oscar Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ora Keys Address: 7949 Blue Ridge - 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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — years
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-3-54, to 11-20-59 and last saw her alive on 11-20-59
Death occurred at 4:55PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wilson H. Miller (Degree or title) MD
22b. ADDRESS: 4620 Independence - K. C., Mo.
22c. DATE SIGNED: 11-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-22-59
23c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
23d. LOCATION (City, town, or county) (State): Richmond, Mo.

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar 1800 Linwood
25. DATE RECD. BY LOCAL REG.: 11-21-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Wilson H. Miller MEDICAL CERTIFICATION DOCUMENT

Dr. Wilson Fuel
4620 Ind. Gp.
Ch 1-5750
1:30 pm - 6 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. G. Gibson
Signature of Student Embalmer

Licensed Embalmer No. 4137

P. O. Address Excelsior Spg's Mo.

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