

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002459

FILED VS. JAN 13 1960

Registration District No. 195

Primary Registration District No. _____

Registrar's No. 4-60

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Auto Accident U.S. 71		Length of stay in 1b N ever		c. CITY OR TOWN Goodman		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Sales Mem. Hosp				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route # 1		
3. NAME OF DECEASED (Type or print) First John Middle Edward Last Mason				4. DATE OF DEATH Month Jan. Day 5 Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/3/1901		
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 6 Days 2		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Solomon, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Mason			13b. MOTHER'S MAIDEN NAME Naomi Hall			14. NAME OF HUSBAND OR WIFE Ethel Mason		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. Not Available		17. INFORMANT Address Mrs. Ethel Mason, Goodman, 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) Crushed Chest + Internal Injuries Investigated By R.M. Humphrey Jr. (Coroner) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sudden. DUE TO (c) Car Accident							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Car Accident				
20c. TIME OF INJURY Hour 5:30 Hour Month, Day, Year 1-5-60 p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Hi-way 71		20f. CITY, TOWN, OR LOCATION Anderson		COUNTY McDonald STATE Mo.		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 5:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R.M. Humphrey Jr. Coroner				22b. ADDRESS Noel, Mo.		22c. DATE SIGNED 1-8-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/9/1960		23c. NAME OF CEMETERY OR CREMATORY Sunset Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Eldorado, Kansas		
24. FUNERAL DIRECTOR Robert C. Roller, Anderson, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-8-1960		
				26. REGISTRAR'S SIGNATURE Jean Sweet Dorsett Deputy				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Anderson,

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.