

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023300

FILED VS. JUL 13 1960

149

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

3351

STATE FILE NUMBER

INDEXED

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY  | Length of stay in 1b<br>35 yrs  | c. CITY OR TOWN KANSAS CITY   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 5620 E. 36th Terrace   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>5620 E. 36th Terrace  |
| 3. NAME OF DECEASED (Type or print)<br>First MIDDLE Last<br>EDDIE GILBERT MASON   |   | 4. DATE OF DEATH<br>Month Day Year<br>6-22-60   |  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>N gro   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>9-2-1902   |
| 9. AGE (last birthday)<br>57 yrs  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Laborer  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Sheffield Steel  | 11. BIRTHPLACE (City and state or country)<br>Redbird, Oklahoma  |
| 12. CITIZEN OF WHAT COUNTRY<br>USA  |   | 13a. FATHER'S NAME<br>Henry Mason   |  |
| 13b. MOTHER'S MAIDEN NAME<br>Eliza Phillips   |   | 14. NAME OF HUSBAND OR WIFE<br>Annie Mason  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br>Annie Mason 5620 E. 36th Terrace  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) myocardial Insufficiency<br>DUE TO (b) Coronary Artery Disease<br>DUE TO (c) Cardiac Hypertrophy.<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>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/him alive on _____.<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br>Deputy Coroner  |   | 22b. ADDRESS<br>1618 Lydia Ave  | 22c. DATE SIGNED<br>6/23/60  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>6-25-60  | 23c. NAME OF CEMETERY OR CREMATORY<br>Lincoln   | 23d. LOCATION (City, town, or county) (State)<br>Kansas City, Missouri   |
| 24. FUNERAL DIRECTOR<br>Watkins Bros. Funeral Home 18th & Benton  |   | 25. DATE RECD. BY LOCAL REG.<br>6-24-60   | 26. REGISTRAR'S SIGNATURE<br>Neva Marshall   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. M. Tillman

**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

*Bruce R. Winters*

Licensed Embalmer No. 4500

P. O. Address 18th & Bent

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