URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-024092

STATE FILE NUMBER

FILED VS JUN 17 1960

Registration District No. 280 Primary Registration District No. 4422 Registrar's No. 47

NDED

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edgerton
Length of stay in 1b 70 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Middle Last
Quevia Masoner

4. DATE OF DEATH Month Day Year
JUNE 8, 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/5/1885
9. AGE (last birthday) 75
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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Platte Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Masoner
13b. MOTHER'S MAIDEN NAME Nancy Highouer
14. NAME OF HUSBAND OR WIFE Eula Masoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Elden Masoner Address 249 N. 18th, K.C. K (Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Body found June 9, 1960
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH INST.

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 —, to —, and last saw her/him alive on —
Death occurred at APPROX. 12:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roland M. Giffee (Degree or title) Coroner
22b. ADDRESS Platte City Mo.
22c. DATE SIGNED 6-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/11/1960
23c. NAME OF CEMETERY OR CREMATORY Ridgley Cemetery
23d. LOCATION (City, town, or county) Edgerton, Mo. (State)

24. FUNERAL DIRECTOR Rollins - Nash ADDRESS Edgerton, Mo.
25. DATE RECD. BY LOCAL REG. June 11, 1960
26. REGISTRAR'S SIGNATURE Alphia Rollins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed H. LeRoy Mooney
Signature of Student Embalmer

Licensed Embalmer No. 4776

P. O. Address K. C. M

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