

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-025356

3408

STATE FILE NUMBER

AMENDED

REGISTERED DISTRICT NO. 149  
 FREED JUL 26 1961

Primary Registration District No. 1002 Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

<b>I. PLACE OF DEATH:</b> a. COUNTY Jackson				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 18 hrs.		c. CITY OR TOWN Butler		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. F. D.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last Harold E. Mason				<b>4. DATE OF DEATH</b> Month Day Year July 6 1961										
<b>5. SEX</b> Male		<b>6. COLOR OR RACE</b> White		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> 7-13-13		<b>9. AGE (last birthday)</b> 47 Yrs		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Farmer			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Farming			<b>11. BIRTHPLACE</b> (City and state or country) Stella Nebraska			<b>12. CITIZEN OF WHAT COUNTRY</b> USA					
<b>13a. FATHER'S NAME</b> Joseph Mason				<b>13b. MOTHER'S MAIDEN NAME</b> Eve Gunzenhauser				<b>14. NAME OF HUSBAND OR WIFE</b> Mary Mason						
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No			<b>16. SOCIAL SECURITY NO.</b> Unknown		<b>17. INFORMANT</b> Address Mary Mason, Butler, Missouri									
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute hemorrhage shock</i> DUE TO (b) <i>Crushing injury to arm &amp; shoulder</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)										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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter name of injury in PART I or PART II of item 18.) <i>caught in hay Butler</i>										
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. 7-5-61		Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>		<b>20f. CITY, TOWN, OR LOCATION</b> <i>Cass</i>		COUNTY STATE MO		
<b>21. I attended the deceased from</b> _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.														
<b>22a. SIGNATURE</b> <i>Hugh H. Owens</i>						(Degree or title)		<b>22b. ADDRESS</b> <i>152 Union Station</i>			<b>22c. DATE SIGNED</b> <i>2-6-61</i>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> Removal				<b>23b. DATE</b> 7-6-61		<b>23c. NAME OF CEMETERY OR CREMATORY</b>				<b>23d. LOCATION</b> (City, town, or county) Butler, Missouri				
<b>24. FUNERAL DIRECTOR</b> Stine & McClure, Kansas City, Mo.						<b>25. DATE RECD. BY LOCAL REG.</b> 7-7-61			<b>26. REGISTRAR'S SIGNATURE</b> <i>Ruth Long</i>					

Hugh H. Owens

OCT 17 1961

**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

*J. S. Walton*

Licensed Embalmer No. 9744

P. O. Address H. P. 2nd

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.