

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47322

STATE FILE NUMBER

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6252

St. Health,  
& Welfare  
S. Public  
Hth Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>				Length of stay in hospital <u>5 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>1300 College</u>		
3. NAME OF DECEASED (Type or print) First <u>MRS.</u> Middle <u>DELPHIA</u> Last <u>LEE MASON</u>						4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 28, 1900</u>		
9. AGE (In years last birthday) <u>57</u>			IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Samsel, Missouri</u>		
13. FATHER'S NAME <u>Henry Brown</u>				14. MOTHER'S MAIDEN NAME <u>Adeline Gann</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>491-28-1446</u>		17. INFORMANT <u>Jewell F. Mason</u> Address <u>1300 College</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Cor Pulmonale</u> DUE TO (c) <u>Emphysema</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>5271</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 wks 5 yrs 15-20 yrs</u>	
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 Hour <u>    </u> Month <u>    </u> Day <u>    </u> Year <u>    </u> a. m. <u>    </u> p. m. <u>    </u>								
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 <u>1940</u> to <u>Dec 31-57</u> and last saw her alive on <u>12-31-57</u> Death occurred at <u>    </u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Don Carlos Peete</u> (Degree of Trust)				22b. ADDRESS <u>1500 King</u>		22c. DATE SIGNED <u>1-1-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan 1, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>    </u>		23d. LOCATION (City, town, or county) (State) <u>Trenton Missouri</u>		
24. FUNERAL DIRECTOR <u>Stine &amp; McClure Kansas City, Missouri</u> ADDRESS <u>    </u>				25. DATE RECD. BY LOCAL REG. <u>1-2-58</u>		25. REGISTRAR'S SIGNATURE <u>neva minshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certificate in the same manner required by 193.140 MoRS 1949.

Don Carlos Peete

1533  
8/17/22

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 *William M. Turner*

Licensed Embalmer No. *46*

P. O. Address *Kansas City, Mo.*

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.