

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27065**

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3422**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3578
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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shea Nursing Home		d. STREET ADDRESS (If rural, give location) 3810 Myrtle	
3. NAME OF DECEASED a. (First) Gladys		b. (Middle) L.	
c. (Last) MASONER		4. DATE OF DEATH (Month) (Day) (Year) August 7, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-18-15
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Lawrence, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Van Gosen	
13b. MOTHER'S MAIDEN NAME Elsie Wilson		14. NAME OF HUSBAND OR WIFE Melvin E. Masoner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-16-9777	
17. INFORMANT'S SIGNATURE OR NAME Mr. M. E. Masoner		ADDRESS 3810 Myrtle, K. C., Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma skin		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) Cerebral metastasis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Melanoma skin	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		191X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6 Aug, 1951 , to 7 Aug, 1951 , that I last saw the deceased alive on 6 Aug, 1951 , and that death occurred 6:10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. J. Cutcliff M.D.		23b. ADDRESS 4503 Washington	
23c. DATE SIGNED 8 Aug 51		24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	
24b. DATE 8-10-51		24c. NAME OF CEMETERY OR CREMATORY Maple Hill	
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	
DATE REC'D BY LOCAL REG. 8-9-51		REGISTRAR'S SIGNATURE Sheraldine Holmes	
ADDRESS Kansas City, Mo.		ADDRESS Kansas City, Mo.	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Max W. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address *S. C. 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 this body is not embalmed, fact should be so stated above.