

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16794**  
**1943**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>1460 EAST 77TH. STREET</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MENORAH HOSPITAL</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DUDLEY</b>		b. (Middle) <b>MASTIN</b>	c. (Last) <b>STOVER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-25-52</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 17, 1910</b>	9. AGE (In years last birthday) <b>41</b>	10. MONTHS <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>THOMAS H. MASTIN</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA</b>		14. NAME OF HUSBAND OR WIFE <b>REX STOVER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MR. T.H. MASTIN - 1004 WEST 52nd. ST.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon monoxide poisoning</b> INTERVAL BETWEEN ONSET AND DEATH <b>ca 2 1/2 to 6 1/2 15</b> *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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Use of alcoholism.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>123</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>2</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <b>Home Garage</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hanson City, Jackson, Mo.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-25-52</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Carbon monoxide poison</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)			23b. ADDRESS <b>1836 Platte Blvd</b>		23c. DATE SIGNED <b>4-26-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>4-26-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>
DATE REC'D BY LOCAL REG. <b>4-28-52</b>		REGISTRAR'S SIGNATURE <b>Steldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; MC CLURE KANSAS CITY, MO.</b>	

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

**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 .....  
Student Embalmer

Signed Gerald R. Burger

Licensed Embalmer No. 4763

P. O. Address K. E. 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.