

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19060**Registrar's No. **2808**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2808</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)					
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Kansas		b. COUNTY Wyandotte			
c. LENGTH OF STAY (in this place) 17 days		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 830 Barnett		815 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) IDA	b. (Middle) BELL	c. (Last) MASTERTSON	Month June	Day 21	Year 1954	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 24, 1868		9. AGE (In years, last birthday) 85 yrs.	IF UNDER 1 YEAR Months 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 own home		11. BIRTHPLACE (City and State or Foreign Country) Wyandotte Co. Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Houts		13b. MOTHER'S MAIDEN NAME Elizabeth Osborne		14. NAME OF HUSBAND OR WIFE George W. Mastertson					
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred Bunch K.C. Ks.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneum.				DUPLICATE OF (b) Cerebral Hemorrh.				4 da	
DUPLICATE OF (c) Essential Hypertension				DUPLICATE OF (d) Shock - follow. Fr. hip 2 wks				12 "	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								yes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 3314				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 6-4 , 19 54 , to 6-21 , 19 54 , that I last saw the deceased alive on 6-21 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Robert M. Myers (Degree or title) Robert M. Myers M.D.				23b. ADDRESS 1025 Quail Bldg.		23c. DATE SIGNED 22 June 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/24/54		24c. NAME OF CEMETERY OR CREMATORY Stony Point Cem.		24d. LOCATION (City, town, or county) (State) Wyandotte Co. Kansas			
DATE REC'D BY LOCAL REG. 6-22-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. F. Porter & Sons K.C. Ks.					

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

(Licensed Embalmer's Statement on Reverse Side)

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

Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota K.

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.