

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4970**
Registrar's No. **365**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>365</u>	
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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 8 mos.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				STREET ADDRESS (If rural, give location) 15 1601 E. 8 315⁸0			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) ELSWORTH		c. (Last) Masias		4. DATE OF DEATH (Month) (Day) (Year) 1 24 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JAN 21, 1918	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UPHOLSTERER		10b. KIND OF BUSINESS OR INDUSTRY Good Will IND.		11. BIRTHPLACE (City and State or Foreign Country) TOULON, ILLINOIS		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEO MASIAS		13b. MOTHER'S MAIDEN NAME ELSIE SAKRO		14. NAME OF HUSBAND OR WIFE -			
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. 500-18-3368		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. ELSIE CRAIG, GRANDVIEW, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined pending further medical investigation 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.					INTERVAL BETWEEN ONSET AND DEATH 410X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Jan. 19</u> , 19 <u>56</u> , to <u>Jan. 24</u> , 19 <u>56</u> , that I last saw the deceased <u>alive on Jan. 24</u> , 19 <u>56</u> , and that death occurred at <u>5:31A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns, M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 1-24-1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-26-56	24c. NAME OF CEMETERY OR CREMATORY BELTON CEMETERY		24d. LOCATION (City, town, or county) (State) BELTON Mo.		
DATE REC'D BY LOCAL REG. 1-26-56		REGISTRAR'S SIGNATURE Newa Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.K. GEORGE & SONS INC. (GRANDVIEW Mo.)			

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Stirling E. Goddard*.....

Licensed Embalmer No. *4911*.....

P. O. Address *Grandview*.....

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.