

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1956

State File No. **9210**
1068

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____	
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, write RURAL and give town) OR TOWN <u>Kansas City, Missouri</u>		c. LENGTH OF STAY (In this place) <u>20 YRS</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>The Menorah Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>43 1010 E. 27th Str. Barclay Hotel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>E</u>		c. (Last) <u>MASTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>3-20-86</u>		9. AGE (In years last birthday) <u>70-69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Continental Bakery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Woodford City Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred P. Mastin</u>			13b. MOTHER'S MAIDEN NAME <u>Millie Linville</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Krape Lexington Ky.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute degeneration + necrosis - myocardium - anterior wall, left ventricle</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>	
				ANTECEDENT CAUSES (b) <u>Coronary artery occlusion anterior descending branch, left coronary artery</u>		<u>2-3 days</u>	
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>4201</u>			
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>3-8-</u> , 19 <u>56</u> , to <u>3-9-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-9-</u> , 19 <u>56</u> , and that death occurred at <u>2:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Walter P. Jacob</u>				23b. ADDRESS <u>701 E 63</u>		23c. DATE SIGNED <u>3/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Lexington Kentucky</u>	
DATE REC'D BY LOCAL REG. <u>3-10-56</u>		REGISTRAR'S SIGNATURE <u>Norm Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stacy McClure Ltd. Co. K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
Walter P. Jacob

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 *Eugene L. Henn*.....

Licensed Embalmer No. 46.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.