Health, Welfare Public Service

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FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13284
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1430

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gen'l Hosp. #1 — Length of stay in 1b: 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1510 Penn — Reside on Farm: Yes ☐ No X

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3. NAME OF DECEASED (Type or print): First: Clarence Middle: V. Last: Masters

4. DATE OF DEATH: Month: 3 Day: 25 Year: 1957

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: 9/6/1903
9. AGE (In years last birthday): 53
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): Taxicab Driver
10b. KIND OF BUSINESS OR INDUSTRY: Yellow Cab Co.
11. BIRTHPLACE (City and state or country): Pierre, South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Myron Masters
14. MOTHER'S MAIDEN NAME: Isabelle Raber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-03-6094
17. INFORMANT Address: Mrs. Mabel Masters-1510 Penn St. K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES XX NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 23, 1957, to March 25, 1957 and last saw him alive on March 25, 1957
Death occurred at 8:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns (Degree or title) M.D.
22b. ADDRESS: 24th & Cherry
22c. DATE SIGNED: 3-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/27/57
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: QUIRK & TOBIN-20 W. Linwood, K.C.Mo.
25. DATE RECD. BY LOCAL REG.: 3-27-57
26. REGISTRAR'S SIGNATURE: Neva Minchell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 46

P. O. Address 2017 W. Linwood
Kansas City, Mo

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