

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17228

STATE FILE NUMBER **2346**

FILED JUN 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2346

All diseases in Part I must be causally related.
 B. I. Births
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|--|-------------------------------|---|--|--|--|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 | | | Length of stay in lb 13 yrs | d. STREET ADDRESS 2934 Woodland | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First John Middle F. Last Masters | | | | 4. DATE OF DEATH | Month 5 | Day 20 | Year 1957 |
| 5. SEX MALE | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH MARCH 7, 1899 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Maker | | 10b. KIND OF BUSINESS OR INDUSTRY CRAIN Andy Co | 11. BIRTHPLACE (City and state or country) Brunswick, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | |
| 13a. FATHER'S NAME Isaiah Masters | | 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Evans | | 14. NAME OF HUSBAND OR WIFE Mary Masters | | | |
| 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. 486-12-7723 | 17. INFORMANT Address Mrs William Masters Parkville, Mo. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | DUE TO (c) | | 331X | |
| 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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 May 20, 1957 to May 20, 1957 and last saw ^{see} him alive on May 20, 1957 Death occurred at 11:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>W. W. Newcomer</i> (Degree or title) D | | | 22b. ADDRESS 24th & Cherry | | 22c. DATE SIGNED 5-20-57 | | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal | | 23b. DATE May 20, 1957 | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) Brunswick, Missouri | | |
| 24. FUNERAL DIRECTOR J. W. Newcomer's ADDRESS 1331 K. C. Mo. Brush Creek Blvd | | | 25. DATE RECD. BY LOCAL REG. 5-21-57 | 26. REGISTRAR'S SIGNATURE <i>W. W. Newcomer</i> | | | |

