

Health, Welfare, Public Service

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32039
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1012 Registrar's No. 3958

300
-57

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| 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, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital No. 1 | | Length of stay in 1 day | |
| d. STREET ADDRESS 711 1/2 W. 14th | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Charles Middle Michael Last Masuch | | | 4. DATE OF DEATH Month 8 - Day 22 - Year 1957 | | |
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|-----------------|---------------------------|---|--|---------------------------------|--------------------------------------|---|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8 - 21 - 1957 | 9. AGE (In years last birthday) | 10. FUNDER 1 YEAR Months 1 | 11. IF UNDER 24 HRS. Hours 1 Min. |
|-----------------|---------------------------|---|--|---------------------------------|--------------------------------------|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Ralph V. Masuch | 13b. MOTHER'S MAIDEN NAME Charlotte Smith | 14. NAME OF HUSBAND OR WIFE None |
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| 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 Ralph V. Masuch Address 711 1/2 W. 14th. St. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity | | INTERVAL BETWEEN ONSET AND DEATH 776x |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 _____ a.m. _____ p.m. | |

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| 20d. INJURY OCCURRED WHILE AT WORK <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 _____ |
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21. I attended the deceased from **3:18 AM 8-21-57** to **12:01 8-22-57** and last saw him alive on **8-22-57**
Death occurred at **12:01 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>R. L. Brown, M.D.</i> (Degree or title) | 22b. ADDRESS General Hospital No. 1 | 22c. DATE SIGNED 8-23-57 |
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|--|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/24/57 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | 23d. LOCATION (City, town, or county) Kansas City, Missouri |
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| 24. FUNERAL DIRECTOR Earp & Sons 4139 Truman Rd. K.C. Mo. | 25. DATE RECD. BY LOCAL REG. 8-23-57 | 26. REGISTRAR'S SIGNATURE <i>New Minshall</i> |
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(Licensed Embellisher's Statement on Reverse Side)

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



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 *William H. Corp*

72-81-8

72-81-3

Licensed Embalmer No. 4728

P. O. Address *K.P. 4110*

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.