

Health, Welfare, Public Service
 300
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in items 10. No symptoms will be listed.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Robert H. Owens

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32066
 STATE FILE NUMBER

FILED SEP 24 1957

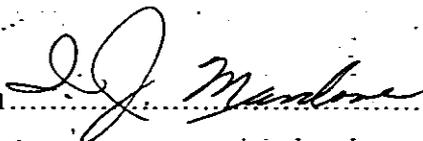
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4212

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		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 Queen of the World			Length of stay in 1b 35 Yr		d. STREET ADDRESS 1229 Garfield Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle G. Last Mustoe				4. DATE OF DEATH Sept Month AUG. Day 4 Year 1957					
5. SEX Male	6. COLOR OR RACE, White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 11, 1881		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman			10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal		11. BIRTHPLACE (City and state or country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown					
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. 703-03-8134		17. INFORMANT Arnette Jones Address 1229 Garfield Ave.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Prostate with generalized metastasis 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)							INTERVAL BETWEEN ONSET AND DEATH 2 years 177 X		
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 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	
21. I attended the deceased from Jan 1957 to Sept 4, 1957 and last saw ^{her} him live on Sept 4, 1957 Death occurred at 12:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Robert H. Owens M.D.				22b. ADDRESS 628 Prof Bldg K. C. Mo.			22c. DATE SIGNED 9/9/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-9-57	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas				
24. FUNERAL DIRECTOR Manlove & Williams ADDRESS 1729 Lydia			25. DATE RECD. BY LOCAL REG. 9-9-57		26. REGISTRAR'S SIGNATURE neva minshall				

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 

Licensed Embalmer No. 399

P. O. Address 3712 E 3

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.