ot. Health,
, & Welfare
S. Public
lth Service

.S. 300
ev. 1-56

FILED JAN 20 1958

STANDARD CERTIFICATE OF DEATH

47419
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 1

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 Rural Prairie Twp. Inside Limits Yes ☐ No ☑	c. CITY OR TOWN Independence 1005 Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ja.Co. Hospital Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) 1000 So. Woodlawn Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First NITA Middle Last MASTERSON

4. DATE OF DEATH Month Day Year Dec. 30, 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 1, 1897

9. AGE (In years last birthday) 60 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (City and state or country) Independence, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Bittle

14. MOTHER'S MAIDEN NAME Lola Duncan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Independence, Mo. James H. Masterson, Sr., 1000 So. Woodlawn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	36 Hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	5 years
DUE TO (c)	Malnutrition	3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 1945, to December 1957 and last saw her alive on 12-29-57. Death occurred at 3:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] D.O. 2

22b. ADDRESS Independence Missouri

22c. DATE SIGNED 12-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 2, 1958

23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery

23d. LOCATION (City, town, or county) (State) Jackson County, Missouri

24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.

25. DATE RECD. BY LOCAL REG. 1-1-58

26. REGISTRAR'S SIGNATURE [signature]

(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

Dr Hubbard

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. Ray Louderback

Licensed Embalmer No. 502

P. O. Address Indep., Me

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