

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014321
STATE FILE NUMBER
1575

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1575

S. 300
1-57

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 EAST 48TH STREET - 71 YEARS		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 316 EAST 48TH STREET
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE H. MASSMAN		4. DATE OF DEATH Month Day Year MARCH 23 - 1958	
5. SEX D 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 SEPT. 19 - 1886
10a. USUAL OCCUPATION (Give kind of work done if not at work, give trade, profession, or occupation) SUPERINTENDANT		10b. KIND OF BUSINESS OR INDUSTRY RAU CONST. CO.	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.
13a. FATHER'S NAME John Henry Massman		13b. MOTHER'S MAIDEN NAME Elizabeth Leaf	14. NAME OF HUSBAND OR WIFE Zetta T. Massman
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. 440-402910	17. INFORMANT Address 523 WESTUNG RD. KANSAS CITY, KANS.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis & perinephritis			10 years +
DUE TO (c) _____			59 +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Hypertensive Cardiovascular Disease			19. WAS AUTOPSY PERFORMED? 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) Heart Failure	
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 Nov. 1957 to 23 March 58 and last saw him ^{her} alive on 23 March 1958 Death occurred at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Philip B. Kaul M.D.		22b. ADDRESS 411 Nichols Rd.	22c. DATE SIGNED 29 March 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 26 1958	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMERS		ADDRESS 1371 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 3-26-58
26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Philip G. Kaul

6002

Calendar

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 *W. J. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City*

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.