Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025949
STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital give location) Rt 1 Greenwood Mo. Length of stay in Hospital 47 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Rt 1 Greenwood Mo. 7000 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Prairiee Township 0 Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: George Middle: Wheeler Last: Mastin
4. DATE OF DEATH Month: July Day: 31 Year: 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 18, 1878
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months 5 Days 13 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Kansas City, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Clark Mastin
13b. MOTHER'S MAIDEN NAME Mildred Susan Lewis
14. NAME OF HUSBAND OR WIFE Bessie A. Mastin (WIFE)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-42-8383
17. INFORMANT Mrs. Bessie A. Mastin Address Rt 1 Greenwood Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accidents, recurrent — 4 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis 331X — 3 yrs.
DUE TO (c) Generalized arteriosclerosis — 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerotic heart disease 3 yrs

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ ?

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 12-26-47, to 7-31-58 and last saw her/him alive on 7-31-58
Death occurred at 4 30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A W Eklund (Degree or title) MD 0
22b. ADDRESS Pleasant Hill, Mo
22c. DATE SIGNED 8-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-3-1958
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) (State) Pleasant Hill Missouri.

24. FUNERAL DIRECTOR Brownfield-Stanley ADDRESS Pleasant Hill Mo
25. DATE RECD. BY LOCAL REG. Aug 3-1958
26. REGISTRAR'S SIGNATURE N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 13 1966

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 L. Anderson

Licensed Embalmer No. 4674

P. O. Address Liberty Me

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.