

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30493

State File No.

4069

FILED OCT 8 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>53 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-19-1949</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3140 WASHINGTON AVENUE</u>			d. STREET ADDRESS (If rural, give location) <u>3140 WASHINGTON AVENUE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHILDE</u> b. (Middle) <u>LINDER</u> c. (Last) <u>ORDWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-19-1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-12-1862</u>	9. AGE (In years last birthday) <u>86 YRS</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>COLUMBUS, WISCONSIN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>PHILIP LINDER</u>		13b. MOTHER'S MAIDEN NAME <u>AUGUSTA BREUNING</u>	14. NAME OF HUSBAND OR WIFE <u>EDWARD A. ORDWAY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLARA LINDER SWAIN</u> ADDRESS <u>3140 WASHINGTON KANSAS CITY MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SENILITY</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>ARTERIOSCLEROSIS</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 YRS.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KANSAS CITY JACKSON MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>SEPT 17, 1949</u> , to <u>SEPT 19, 1949</u> , that I last saw the deceased alive on <u>SEPT 19, 1949</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.					
23. SIGNATURE <u>Donovan D. Ludwig</u> (Degree or title) <u>DO</u>			23b. ADDRESS <u>1407 W. 34 TERRACE</u>		23c. DATE SIGNED <u>9-20-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT-22-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMER'S VAULTS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-22-49</u>	REGISTRAR'S SIGNATURE <u>St. Pauline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

407 D. 34 B. 001825
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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 _____
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, Mo.

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 this body is not embalmed, fact should be so stated above.