

FILED DEC 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 37405  
4796

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission)<br>a. STATE Missouri b. COUNTY Jackson |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City                                     |  |
| c. LENGTH OF STAY (in this place) 30 yrs.  |  | d. STREET ADDRESS (If rural, give location) 3307 E. 30th. St.  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.                                 |  |  |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Vivian b. (Middle) Albion c. (Last) MATTINGLEY       |  |  | 4. DATE OF DEATH (Month) (Day) (Year) November 10, 1949 |  |  |
| 5. SEX Male  |  | 6. COLOR OR RACE White                             |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married |  |
| 8. DATE OF BIRTH April 29, 1875  |  | 9. AGE (In years last birthday) 74                 |   | 10. IF UNDER 1 YEAR Months Days Hours Min.                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stat. Eng. |  | 10b. KIND OF BUSINESS OR INDUSTRY Minn. Auditorium |   | 11. BIRTHPLACE (State or foreign country) Miami, Mo.           |  |
| 12. CITIZEN OF WHAT COUNTRY? USA   |  |  |   |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME Thos. Mattingley   |  | 13b. MOTHER'S MAIDEN NAME Julia Gorham |  | 14. NAME OF HUSBAND OR WIFE Jennie M. Mattingley                               |  |
| 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. 186-09-1810    |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. J.M. Mattingley, 3307 E. 30th., KC. Mo. |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency  |  | INTERVAL BETWEEN ONSET AND DEATH 8 mos. |  |
|   |  | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis   |  | 4 yrs.                                  |  |
|   |  | DUE TO (c) 4201  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus |  | 4 yrs.                                  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION Pathologist   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                        |  |   |  |  |  |
|---|--|------------------------|--|---|--|--|--|
| 23a. SIGNATURE E. Upsher                          |  | (Degree or title) 1 MD |  | 23b. ADDRESS 2800 Main                            |  | 23c. DATE SIGNED 11/10/49                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal |  | 24b. DATE 11-12-49     |  | 24c. NAME OF CEMETERY OR CREMATORY Miami Cemetery |  | 24d. LOCATION (City, town, or county) (State) Miami, Mo. |  |

|                                   |  |  |  |   |  |
|-----------------------------------|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 11-11-49 |  | REGISTRAR'S SIGNATURE Geraldine Holmes |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, KC, MO. |  |
|-----------------------------------|--|--|--|---|--|

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

**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 Allen E. Heck  
.....

Licensed Embalmer No. 4063

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.