

FILED JUN 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19087

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 92

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

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, write RURAL and give township) OR TOWN RURAL PRAIRIE TOWNSHIP: UNKNOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEESS SUMMIT P.R. 4	
c. LENGTH OF STAY (in this place) UNKNOWN		d. STREET ADDRESS (If rural, give location) ROUTE #4 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON COUNTY HOME HOSPITAL			

3. NAME OF DECEASED (Type or Print) MARY	a. (First)	b. (Middle)	c. (Last) MATHENY	4. DATE OF DEATH MAY-13-1950	(Month) (Day) (Year)
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH NOV. 10 - 1861	9. AGE (In years last birthday) 88	10. UNDER 1 YEAR Months	11. UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN HOGG	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JAMES MATHENY
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. G. C. PAUL R.R. LEESS SUMMIT	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) None		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) Hypothyroidism		yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		yr.	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 592K
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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?
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I hereby certify that I attended the deceased from 7:00 P.M., 1950 to 10:13 May 50, that I last saw the deceased alive on 12 May 50, and that death occurred at 4:06 A.M., from the causes and on the date stated above.

23a. SIGNATURE Frank E. Jernigan, M.D.	(Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED May 15 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May-16-1950	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 5/15/50	REGISTRAR'S SIGNATURE Donald C. Emswiler	378	25 FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomb's Son	ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.
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MAY 26 RECD

301 W. Kansas - Blvd. of ...

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 _____

Albert L. Savage

working under my personal supervision.

Student Embalmer No. *360*

Signed *Albert L. Savage*
Student Embalmer

Signed *John C. Fraking*

Licensed Embalmer No. *4483*

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.