

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22832

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 869

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>522 South 16th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>522 South 16th St.</u>		d. STREET ADDRESS (If rural, give location) <u>522 South 16th St.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Leota</u>	b. (Middle) <u>Kibble</u>	c. (Last) <u>Matthews</u>	(Month) <u>July</u>	(Day) <u>19</u>	(Year) <u>1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 23, 1895</u>	9. AGE (In years last birthday) <u>54</u>	10. MONTHS <u>54</u>	11. DAYS <u>54</u>	12. HOURS <u>54</u>	13. MIN. <u>54</u>
----------------------	-------------------------------	---	---	---	----------------------	--------------------	---------------------	--------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Council Grove, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Clem Kibble</u>	13b. MOTHER'S MAIDEN NAME <u>Mahali Miles</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas J. Matthews</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-34-2211</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben. M. Williamson</u>	ADDRESS <u>524 South 16th</u>
---	--	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation</u>		Cancer of Uteris		<u>6 Months</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		<u>Dont know</u>
ANTECEDENT CAUSES		DUE TO (c)		<u>194X</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	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)
--	--	---

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 December 27, 1949, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 11:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Sexton M.D.</u>	23b. ADDRESS <u>1923 Mesquite St.</u>	23c. DATE SIGNED <u>7-25-50</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-25-1950</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Aug 5, 1950</u>	REGISTRAR'S SIGNATURE <u>R. G. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. K. Alexander</u>	ADDRESS <u>1602 Mesquite</u>
---	--	--	------------------------------

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

Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.