

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Washburn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2-10-0</u>		OR TOWN <u>3658</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		d. STREET ADDRESS (If rural, give location) <u>607-E 42nd</u>	

3. NAME OF DECEASED a. (First) <u>FLORA</u> b. (Middle) <u>MATTHEWS</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-22-57</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>12-4-68</u>	9. AGE (In years last birthday) <u>82</u> Months <u>2</u> Days <u>18</u> Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>All 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>All</u>
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13a. FATHER'S NAME <u>aten</u>	13b. MOTHER'S MAIDEN NAME <u>Wid. Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Wid.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile degeneration</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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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22. I hereby certify that I attended the deceased from 4-2-, 1948, to 2-22, 1957, that I last saw the deceased alive on 2-22, 1957, and that death occurred at 10 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Hall MD</u> (Degree or title)	23b. ADDRESS <u>Neuada Mo.</u>	23c. DATE SIGNED <u>2-22-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-23-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Over Moore Iowa</u>
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DATE REC'D BY LOCAL REG <u>2-26-1957</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everinger Funeral Home</u>	ADDRESS <u>Neuada Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 5 1957

Dist. File 351-461

Date Filed 3-6-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Mark E. Eichelberger

Licensed Embalmer No. 2656

P. O. Address Neuada 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.