

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19498**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 701

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>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas Leidy 3238</u>	
c. LENGTH OF STAY (in this place) <u>234 3/4 m</u>		d. STREET ADDRESS (If rural, give location) <u>3911 E 18th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>			

3. NAME OF DECEASED (Type or Print) <u>Clara</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1951</u>		
a. (First)	b. (Middle)	c. (Last)	a. (First)	b. (Middle)	c. (Last)
		<u>Mathers</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 3, 1875</u>	9. AGE (in years last birthday) <u>76</u>	10. UNDER 1 YEAR Days <u>1</u>
					11. UNDER 1 YEAR Hours <u>27</u>
					12. UNDER 1 YEAR Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dressmaker</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>George Mathers</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Kenney</u>	
		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs F. Bruce</u>	
				ADDRESS <u>2310 Spruce 15.C. Mo</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>Carcinoma of Uterus</u>		ANTECEDENT CAUSES			
*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) _____			
		DUE TO (c) <u>Dementia Præcox Paranoid Type</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 type="checkbox"/>
					<u>174X</u>

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) (Min.)		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>April 1, 1951</u> , to <u>June 30, 1951</u> , that I last saw the deceased alive on <u>June 30, 1951</u> , and that death occurred at <u>12:25 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Forrest Thomas M.D.</u>			23b. ADDRESS <u>St. Joseph Mo. St. Luke Hosp. No 2</u>		23c. DATE SIGNED <u>6/30/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<u>removal</u>		<u>7/3/1951</u>		<u>Kansas City Missouri</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman Funeral Home</u>			
		ADDRESS <u>St. Joseph, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>July 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Paul C. Cash</u>		446	
<p style="text-align: center;">(Licensed Embalmer's Statement on Reverse Side)</p>					

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

117
2

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.....

Ernest Word

Signed.....
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th 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.