

FILED SEP 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31752**  
 Registrar's No. **3949**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3949</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>50 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		<b>3508</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3740 South Benton</b>				d. STREET ADDRESS (If rural, give location) <b>3740 South Benton Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b>		b. (Middle) <b>Belle</b>		c. (Last) <b>Mattox</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Nov. 22, 1880</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF ELDERLY IN HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McCleary-Johnson</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>STAFFORD KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Urban Mattox</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret ANN Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>491501-2205</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Stella M. Mattox 3740 So. Benton Kansas City Mo</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>28 hrs.</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Chronic myocarditis</b>				<b>10 yrs.</b>	
		DUE TO (c) <b>Myocardial degeneration</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				<b>42</b>	
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 <b>Dec. 1, 1949</b> , to <b>Sept. 3, 1952</b> , that I last saw the deceased alive on <b>Sept. 3, 1952</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Allen F. Vaughn</b> (Degree or title)				23b. ADDRESS <b>1333 Linwood Blvd. Kansas City 3, Mo.</b>		23c. DATE SIGNED <b>9/4/52</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT. 6, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG <b>9-6-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Newcomer, 1331 S. Davis, Creighton, Mo.</b>			

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

1833  
10-1  
X  
miss  
ack

**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 John R. Sidman  
Licensed Embalmer No. 4531  
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.