

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**41591**

State File No. ....

FILED JAN 12 1953

10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1390

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission)	
a. COUNTY <u>Buchanan</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Buchanan</u>
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>229 Iowa Avenue</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>Clark</u>	c. (Last) <u>Mathews</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<u>12 22 1952</u>

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>2 11 1898</u>	<b>9. AGE</b> (In years, last birthday) <u>54</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Clay County - Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
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<b>13a. FATHER'S NAME</b> <u>Joseph E. Clark</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Laura Walker</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>LeRoy Mathews</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. LeRoy Mathews</u>	<b>ADDRESS</b> <u>229 Iowa</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Organic Heart Disease with Myocardial Failure</u>			<u>UNK.</u>
<b>ANTECEDENT CAUSES</b> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Possible Cerebral Vascular Accident</u>		<u>4 weeks</u>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4343</u>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from 11-2, 1952, to 12-22, 1952, that I last saw the deceased alive on 12-20, 1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Wm. H. Alexander, M.D.</u>	<b>23b. ADDRESS</b> <u>Tootle Building St. Joseph, Missouri</u>	<b>23c. DATE SIGNED</b> <u>12-29-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>12-27-1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ashland Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Jan 5, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Casper</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm. H. Alexander</u>	<b>ADDRESS</b> <u>1602 Measurie City</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.