

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

State File No. **1733**

FILED JAN 29 1953

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **28**

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Independence | | c. CITY (If outside corporate limits, write RURAL and give township) Independence | |
| c. LENGTH OF STAY (If in this place) 1 Yr. | | d. STREET ADDRESS (If rural, give location) 2340 Norwood | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2340 Norwood | | e. STREET ADDRESS (If rural, give location) 2340 Norwood | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Earl c. (Last) Matthews. | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married. | 8. DATE OF BIRTH Oct. 15, 1879 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR (Month) (Day) (Hours) (Min.) 3 6 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Cutter- Corn Prod. Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Chesterfield, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Unknown Matthews. | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Hazel B. Matthews |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Span. Am. | 16. SOCIAL SECURITY NO. 486-01-1204 | 17. INFORMANT'S SIGNATURE OR NAME A. Hazel B. Matthews. Indep. Mo. | 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cor Pulmonale | | INTERVAL BETWEEN ONSET AND DEATH 7 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular disease | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 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) 4221 |
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|---|--|-----------------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from Jan 17, 1953, to Jan 21, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) E. H. Hirsch MD | 23b. ADDRESS 10912 1/2 Wimmer Rd. Indep. | 23c. DATE SIGNED Jan 22, 1953 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 23, 1953 | 24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery. | 24d. LOCATION (City, town, or county) (State) Liberty, Missouri. |
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| DATE REC'D BY LOCAL REG. 1-23-53 | REGISTRAR'S SIGNATURE [Signature] | 354 | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Indep. No. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. D. 48
1-23-53

APR 24 1953

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.