

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14361

State File No. _____

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1771

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city mo</u>	c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shullen Nursing Home</u> <u>623 Euclid ave</u>		d. STREET ADDRESS (If rural, give location) <u>95 8016 Mercier</u> <u>73938</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr Maximillian</u> b. (Middle) _____ c. (Last) <u>Mathes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>October 18 1879</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months - Days IF UNDER 24 HRS: Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broommaker Blind Broom Co</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Blind Broom Co</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>John George Mathes</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Mathes</u>	ADDRESS <u>8016 Mercier</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>162x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary carcinoma of lungs</u> ANTECEDENT CAUSES <u>w/lt metastases</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 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) (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 3-24-53, 1953, to 3-31-53, 1953, that I last saw the deceased alive on 3-31-53, 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

22. SIGNATURE <u>Frank Paul Laurencano MD</u>	23b. ADDRESS <u>428 South White Ave</u>	23c. DATE SIGNED <u>3-31-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 1 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas city, mo</u>
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DATE REC'D BY LOCAL REG. <u>3-31-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>	ADDRESS <u>Funeral Home</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

Russell N. Lane

Licensed Embalmer No. *4255*

P. O. Address *H. C. Mc*

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.