

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36214**

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **184**

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 township) OR TOWN Rural Prairie Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.	
c. LENGTH OF STAY (In this place) 2yr, 11 mo.		3188	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hosp		d. STREET ADDRESS (If rural, give location) 3724 East 9th.	

3. NAME OF DECEASED (Type or Print) Matilda	(First)	b. (Middle) G.	c. (Last) North	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 5, 1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 2 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-14-3271	17. INFORMANT'S SIGNATURE OR NAME Ray H. North	ADDRESS 3524 E. 9th
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid 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. Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? L
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22. I hereby certify that I attended the deceased from **9-4**, 19 **53**, to **9-29**, 19 **53**, that I last saw the deceased alive on **9-29**, 19 **53**, and that death occurred at **6:00pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Blond Wagoner, M.D.	23b. ADDRESS 4802 profet	23c. DATE SIGNED 9-30-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 1-1953	24c. NAME OF CEMETERY OR CREMATORY 2nd. Meiah	24d. LOCATION (City, town, or county) (State) K.C., Missouri
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DATE REC'D BY LOCAL REG. 9/30/53	REGISTRAR'S SIGNATURE D.B. Langford	483	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman	ADDRESS 110. 2nd
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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 W.C. Brine

Licensed Embalmer No. 48 79

P. O. Address H.C. 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.