

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

43064

State File No. _____
5640

FILED DEC 15 1953

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY <u>JACKSON</u> | | a. STATE <u>MISSOURI</u> b. COUNTY <u>Shelby</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE</u> | |
| c. LENGTH OF STAY (in this place) <u>2 MONTHS</u> | | d. STREET ADDRESS (If rural, give location) <u>1020</u> <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARY REST HOME 3215 CAMPBELL</u> | | | |

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|--|-----------------------|---------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>ELLEN</u> | b. (Middle) <u>M.</u> | c. (Last) <u>MATTHEWS</u> | <u>NOVEMBER 30 1953</u> | | |

| | | | | | | |
|--------------------------------|---|---|--|--|--------------------------------------|--------------------------------------|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | 8. DATE OF BIRTH <u>OCT. 9, 1862</u> | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR (Month) (Day) | IF UNDER 4 HRS. (Hour) (Min.) |
|--------------------------------|---|---|--|--|--------------------------------------|--------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRESS MAKER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN BUSINESS</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR CINCINNATI, OHIO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>-</u> | 13b. MOTHER'S MAIDEN NAME <u>PHOEBE ELLEN MILLER</u> | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM MATTHEWS</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>MRS. PHOEBE J. BRANHAM</u> | ADDRESS <u>2607 AMIE COURT</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, asthma, 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) <u>Cardiac Decompensation</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile changes</u> DUE TO (c) <u>Ageing</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple skin lesions - Paralysis</u> | | <u>4343</u> | |

| | | |
|-------------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | <u>? lower 1/4 resected</u> | |

| | | |
|---|---|--|
| 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) (Min.) | 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 1945, 19, to NOV 30, 1953 that I last saw the deceased alive on NOV 21, 1953, and that death occurred at 5:05A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>L.M. Shepherd</u> | 23b. ADDRESS <u>628 Prop Bldg</u> | 23c. DATE SIGNED <u>11-30-53</u> |
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|--|----------------------|---|--|
| 24a. BURIAL CREMATION (REMOVAL) (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) |
| <u>BURIAL</u> | <u>Nov. 30, 1953</u> | <u>-</u> | <u>CLARENCE, MISSOURI</u> |

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|--|--|---|---|
| DATE REC'D BY LOCAL REG. <u>11-30-53</u> | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer's Sons</u> | ADDRESS <u>Kansas City, Mo.</u> |
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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

Robert W. Verdon

Licensed Embalmer No. 31849

P. O. Address A. P. 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.