

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

1890

State File No.

No. 300
10.48

0540

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. FILED FEB 8 1954		REG. DIST. NO. 171	PRIMARY REG. DIST. NO. 5637	Registrar's No.
1. PLACE OF DEATH a. COUNTY Lafayette		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 TOWN Rural Clay Twns.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 107 South Hutig St.		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) C.		c. (Last) Matson Jr.
4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1954		5. SEX M 6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 29, 1934		9. AGE (In years last birthday) 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lathe Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Kansas
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William C. Matson Sr.		13b. MOTHER'S MAIDEN NAME Elizabeth K. Bunne
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-36-2253
17. INFORMANT'S SIGNATURE OR NAME Wm. C. Matson		17. ADDRESS 107 S. Hatig St.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
18. CAUSE OF DEATH *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Basal ganglia stroke Internal injuries Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Stroke from an earth tremor impact upon 55 ft. ceiling Due to (c) massive hemorrhage in body corners		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not due to the disease or condition causing death.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No. major		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In 41 highway 8 miles N		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Odessa Lafayette Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 24 54 2:25 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Motor Car Wreck
22. I hereby certify that I attended the deceased from death, 19 Jan 24 , 19 54 , and that death occurred at 5:14 m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dr. Wm. H. Corcoran		23b. ADDRESS Odessa, Mo		23c. DATE SIGNED 1-24-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 24 1954		24c. NAME OF CEMETERY OR CREMATORY Independence, Mo.
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Hughman Sparks		
DATE REC'D BY LOCAL REG. 1-24-1954		REGISTRAR'S SIGNATURE Emma Davidson		ADDRESS Odessa, Mo.

(Licensed Embalmer's Statement on Reverse Side)

0081

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 Wing L. Heavner

Licensed Embalmer No. 7541

P. O. Address Adessa, Ill

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.