

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4966**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **484**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Town Kansas City		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Collins
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Vera b. (Middle) Brown c. (Last) Mathews		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 22, 1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tenn. /
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Claude R. Waggoner	
13b. MOTHER'S MAIDEN NAME Sally Fields		14. NAME OF HUSBAND OR WIFE Louis Mathews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME Andy Louis Mathews Collins, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus cardiac failure			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 36 hr.	
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)	
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 1-28 , 19 54 , to 1-29 , 19 54 , that I last saw the deceased alive on 1-29 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE William C. Van Buskirk		23b. ADDRESS 612 Prof. Bldg.	
23c. DATE SIGNED 1-29-54		23d. NAME OF CEMETERY OR CREMATORY Robinson Cem.	
23e. LOCATION (City, town, or county) (State) Collins, Mo.		23f. DATE SIGNED 1-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-1-54	
24c. NAME OF CEMETERY OR CREMATORY Robinson Cem.		24d. LOCATION (City, town, or county) (State) Collins, Mo.	
DATE REC'D BY LOCAL REG. 1-30-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE F. B. Goodrich		ADDRESS Osceola, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING INK

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction	
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21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 1 , 19 54 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE William C. Van Buskirk		23b. ADDRESS 612 Professional Bldg - Collins, Mo.	
23c. DATE SIGNED 2-9-54		23d. NAME OF CEMETERY OR CREMATORY Robinson	
23e. LOCATION (City, town, or county) (State) Collins, Mo.		23f. DATE SIGNED 2-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 1 1954	
24c. NAME OF CEMETERY OR CREMATORY Robinson		24d. LOCATION (City, town, or county) (State) Collins, Mo.	
DATE REC'D BY LOCAL REG. 1-30-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE F. B. Goodrich		ADDRESS Osceola Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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 *J.B. Sandrich*

Licensed Embalmer No. *3038*

P. O. Address *Quebec, N.S.*

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.