

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

State File No. **8817**
1164

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

FILED MAR 31 1954

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 KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 54 YEARS		e. STREET ADDRESS (If rural, give location) 509 WEST 17th STREET 3296	
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 WEST 17th STREET		f. ADDRESS 509 WEST 17th STREET 3296	
3. NAME OF DECEASED (Type or Print) a. (First) ALTA b. (Middle) M. c. (Last) MATHEWS		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 2-13-1900
9. AGE (In years) (Month) (Days) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY SELF
11. BIRTHPLACE (City and State or Foreign Country) KANSAS 1		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME JOHN CARRIGAN		13b. MOTHER'S MAIDEN NAME CATHERINE VIELBIG	
14. NAME OF HUSBAND OR WIFE WM. J. MATHEWS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROBERT E. MATHEWS, K. C. MO.	

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 4200	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic arterio-sclerotic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease 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"/>	

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) (m.)	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 12/6, 1950, to 3/14, 1954, that I last saw the deceased alive on 3/13, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Young (Degree or title) M.D.		23b. ADDRESS 1401 S. W. Blvd		23c. DATE SIGNED 3/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MARCH 16, 1954	24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY, KANSAS CITY, KANSAS	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3-15-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME, KANSAS CITY, KANSAS		

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
Signature of Student Embalmer

Signed *Mary L. Bates*

Licensed Embalmer No. *24*

P. O. Address *Kansas City*

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.