

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

**41352**

**FILED DEC 27 1954**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 485

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		STREET ADDRESS (If rural, give location) <u>1510 E. 49th. St.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>LARRY</u>	b. (Middle) <u>WAYNE</u>	c. (Last) <u>MATNEY</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 12 1954</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>2-11-1936</u>	<b>9. AGE</b> (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Stuppy Supply Co.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Joseph, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Everett W. Matney</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Robinson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Single</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>497-34-2617</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Everett W. Matney</u>	<b>ADDRESS</b> <u>1510 E. 49th. St. K.C.MO</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>fracture superior plate of left orbital base</u>	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Basalar Brain Stem Hemorrhage</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death	<b>DUE TO (b)</b>		
	<b>DUE TO (c)</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>E. 82 S 4 32</u>	<b>20. AUTOPSY</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, factory, street, office bldg., etc.) <u>Street</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Jackson 700 2nd</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. <u>12-5 54</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>One car left road turned over</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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.

<b>23a. SIGNATURE</b> <u>Wm. H. Owens Carver</u>	(Degree or title)	<b>23b. ADDRESS</b> <u>1034 Pratts Bldg</u>	<b>23c. DATE SIGNED</b> <u>12-14 54</u>
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<b>24a. BURIAL, CREMATION, REINTERMENT</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>12/15/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Moriah</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-15-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>STINE &amp; McCLURE UND. CO. K.C.MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48  
05

MAR 29 1958

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 *Elmo D. Light*

Licensed Embalmer No. *481*

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.