

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1231**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **127**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Kansas b. COUNTY Wyandotte (division).	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 1106 Paseo		STREET ADDRESS (If rural, give location) 525 Stewart	
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle) Whitfield	
c. (Last) Mathews		4. DATE OF DEATH (Month) (Day) (Year) 1, 7 1955	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 2/27/1884
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Jack Jackson	
13b. MOTHER'S MAIDEN NAME Laura Henderson		14. NAME OF HUSBAND OR WIFE Henry Mathews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs Curley Patrick		ADDRESS 525 Stewart K.C. Kansas	
18. DATE 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriovascular hypertension 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) Kansas City Jackson Mo	
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 4/4 , 19 55 , to 4/7 , 19 55 , that I last saw the deceased alive on 4/4 , 19 55 , and that death occurred at 1A m., from the causes and on the date stated above.	
23a. SIGNATURE Wm. H. Dyer (Degree or title) _____		23b. ADDRESS Kansas City Kan	
23c. DATE SIGNED 4/10/55		24a. BURIAL CREMATION (Specify) Burial	
24b. DATE 4/11/55		24c. NAME OF CEMETERY OR CREMATORY Westlawn	
24d. LOCATION (City, town, or county) (State) Kansas City Wyandotte Kan.		25. FUNERAL DIRECTOR'S SIGNATURE Bailey Funeral Home	
DATE REC'D BY LOCAL REG. 1-10-55		REGISTRAR'S SIGNATURE neva minshel	
ADDRESS K.C. Kansas			

WRITE PLAINLY—USING UNEADING 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 *Clifford L Woods*

Licensed Embalmer No. *310*

P. O. Address *1520 N*

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.