

FILED FEB 18 1957 STANDARD CERTIFICATE OF DEATH

State File No. **4873**
360

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (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) <u>Kansas City</u> OR TOWN <u>Wys</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1224 Holmes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1148 1224 Holmes</u>	

3. NAME OF DECEASED (Type or Print) <u>ESTHER I. MATTHEWS.</u>	a. (First) <u>ESTHER</u>	b. (Middle) <u>I.</u>	c. (Last) <u>MATTHEWS.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 24 57</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 14 1917</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cluster Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Wm Mills</u>	13b. MOTHER'S MAIDEN NAME <u>Florence</u>	14. NAME OF HUSBAND OR WIFE <u>John Matthews</u>
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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. <u>508-14-1638</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Matthews</u> ADDRESS <u>1224 Holmes</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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"/>
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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) <u>2</u>
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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?
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22. I hereby certify that I attended the deceased from Jan, 1953, to Jan 24, 1957, that I last saw the deceased alive on 1-20, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Calvin A. Beard</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand</u>	23c. DATE SIGNED <u>1-24-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u>
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DATE REC'D BY LOCAL REG. <u>1-24-57</u>	REGISTRAR'S SIGNATURE <u>neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Scheltos</u> ADDRESS <u>K.C. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Calvin A. Beard

Beard

1102 Grand

Room 2307

Ha 1-2824

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 *Farrest D Goldenow*.....

Licensed Embalmer No. *4714*.....

P. O. Address *KC Mo*.....

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.