

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8797
STATE FILE NUMBER
1364

FILED APR 10 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1364

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5424 HOLMES ST.		Length of stay in 1st 4 YEARS	d. STREET ADDRESS (If outside, give location) 5424 HOLMES STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nim Middle T. Last MATTHEWS			4. DATE OF DEATH MARCH 23 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 26 1878	9. AGE (In years last birthday) 78	
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 country) JOPLIN Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME PATRICK MURPHY			14. MOTHER'S MAIDEN NAME ISABEL WORKIZER		
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. 491-01-06050	17. INFORMANT FRANK L. MATTHEWS Address 5424 HOLMES STREET KANSAS CITY, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis - liver and brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of colon DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 8 mths 12 mths 153 X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 1953 to March 1957 and last saw her ^{alive} on 3/23/57 Death occurred at 11:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. L. Slentz (Degree or title) 0			22b. ADDRESS 4620 Nichols Parkway Kansas City, Mo.		22c. DATE SIGNED 3/23/57
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR 25 1957	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) JOPLIN Missouri
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS 1331 BUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-23-57		26. REGISTRAR'S SIGNATURE Neer Marshall	

lib, alfara, lic, vica, 00, -56, Doctor, coroner, etc. must use only standard nomenclature in Part I. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Chester K Brown*.....

Licensed Embalmer No. *48*

P. O. Address *KE*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.

