

FILED MAY 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH17231
STATE FILE NUMBERRegistration District No. 149 Primary Registration District No. 1002 Registrar's No. 2177

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 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 Gen'l Hosp. #1 | | | Length of stay in lb 6 years | | STREET ADDRESS (If outside, give location) 3614 Anderson | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Hans Matheson | | | | First Hans Middle Last Matheson | | 4. DATE OF DEATH Month 5 Day 8 Year 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 3 - 5 - 1871 | |
| 9. AGE (In years) 86 | | 10. MONTHS 86 | | 11. BIRTHPLACE (City and state or country) Denmark | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car inspector-Ret. | | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | | 11. BIRTHPLACE (City and state or country) Denmark | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Hans F. Matheson | | | 13b. MOTHER'S MAIDEN NAME Enda Ankerson | | | 14. NAME OF HUSBAND OR WIFE Deceased Annie E. | |
| 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. Unk | | 17. INFORMANT Hans F. Matheson Jr. 3614 Anderson | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral lobar pneumonia | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | | 490X | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 _____ 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 Kansas City | | STATE Kans |
| 21. I attended the deceased from April 25, 1957 to May 8, 1957 and last saw ^{xxx} him alive on May 8, 1957 Death occurred at 6:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>B. I. Burns, M.D.</i> (Degree or title) | | | | 22b. ADDRESS 24th & Cherry | | | 22c. DATE SIGNED 5-9-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5-8-57 | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Co. | | 23d. LOCATION (City, town, or county) Kansas City, Kans | | (State) |
| 24. FUNERAL DIRECTOR Skradski-Stine K.C. Ks. | | | | 25. DATE RECD. BY LOCAL REG. 5-9-57 | | 26. REGISTRAR'S SIGNATURE <i>Wm. Marshall</i> | |

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 *G. LeRoy Mooney*

..... Licensed Embalmer No. 4776

P. O. Address *KO Mooney*

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.

