

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 02121217  
STATE FILE NUMBER

FILED JUN 28 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2731

300  
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Raytown</b> <span style="float: right;">7000</span>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Length of stay in 1b <b>18 Days</b>	d. STREET ADDRESS (If outside, give location) <b>9817 E. 66th.</b>
3. NAME OF DECEASED (Type or print) First <b>WESLEY</b> Middle <b>LEO</b> Last <b>MATLOCK</b>			4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 5 1926</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cement Business</b>	9. AGE (In years last birthday) <b>30</b>
11. BIRTHPLACE (City and state or country) <b>Emporia, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>	
13a. FATHER'S NAME <b>Jessie H. Matlock</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel Anna Booth</b>	14. NAME OF HUSBAND OR WIFE <b>Wilma Matlock</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>511 22 7831</b>	17. INFORMANT Address <b>Mrs. Wilma Matlock-9817 E. 66th. Raytown, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Undifferentiated carcinoma of unknown origin.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 months(?)</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<b>1997</b>
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 checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____			
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 <b>November 20 '56</b> to <b>June 9, '57</b> and last saw her alive on <b>June 9, 1957</b> Death occurred at <b>12:20 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Geo. H. Thiele</i>		22b. ADDRESS <b>411 Nichols Road,</b>	22c. DATE SIGNED <b>6/10/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-12-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>FLORAL HILLS MEMORIAL CHAPEL - K. C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-10-57</b>	26. REGISTRAR'S SIGNATURE <i>neva minishall</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 *Everett L. Lee* .....

Licensed Embalmer No. *4864*  
P. O. Address *Hanson* .....

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.