

STANDARD CERTIFICATE OF DEATH

40491  
STATE FILE NUMBER  
5572

FILED DEC 11 1957

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

S. 300  
v. 1-57

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1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Edwardsville</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DeLora Rest Home 622 Benton Blvd</i>		d. STREET ADDRESS (If outside, give location) <i>215 Fifth St.</i>	
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>William</i> Last <i>Mattox</i>		4. DATE OF DEATH Month <i>Nov</i> Day <i>24</i> Year <i>1957</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 15 1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming Mt. 1 yr.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Mo. Bonner Springs RFD 2</i>
13a. FATHER'S NAME <i>Henry Talbott Mattox</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Sherman</i>	14. NAME OF HUSBAND OR WIFE <i>Gertrude Mattox</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>492-18-6521</i>	17. INFORMANT Address <i>Mrs Gertrude Mattox, Edwardsville, Ks.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral arteriosclerosis</i>			<i>1 year</i>
DUE TO (c) <i>General arteriosclerosis</i>			<i>1 year</i>
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 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 <i>Feb. 5, 1957</i> to <i>Nov. 24, 1957</i> and last saw her alive on <i>Nov. 24, 1957</i> Death occurred at <i>Nov. 24, 1957 3:20 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W N Belgie</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>825 N. 7th St., K.C.K.</i>	22c. DATE SIGNED <i>11-25-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Nov 24 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Edwardsville Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Edwardsville Kansas</i>
24. FUNERAL DIRECTOR <i>Ilden Harrington &amp; Sons</i> ADDRESS <i>Banner Spgs. Ks</i>		25. DATE RECD. BY LOCAL REG. <i>11-25-57</i>	26. REGISTRAR'S SIGNATURE <i>Heva Marshall</i>

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
W. H. Algie

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 *Donan R. James* .....

Licensed Embalmer No. *4828* .....

P. O. Address *R. C. R.* .....

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.