DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-029200
STATE FILE NUMBER

FILED VS SEP 4 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4046

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 6 wks. ~~35yrs.~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST LUKES HOSP.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS
b. COUNTY: JOHNSON
c. CITY OR TOWN: KANSAS CITY 15
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6625 WILLIOW LANE
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLAUDE Middle K Last MATHEWS
4. DATE OF DEATH: Month AUG Day 19 Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: nov 12, 1896
9. AGE (last birthday): 62 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CIVIL ENGINEER BURNS MCDONALD
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): LEXINGTON MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: SAMUEL MATHEWS
13b. MOTHER'S MAIDEN NAME: MARY UNKNOWN
14. NAME OF HUSBAND OR WIFE: EDNA MATHEWS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES WW1
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: EDNA MATHEWS Address: 6625 WILLOW LANE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c): Generalized arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-17-59, to 8-19-59 and last saw him alive on 8-18-59
Death occurred at 1:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: R. K. Shillman (Degree or title) M.D.
22b. ADDRESS: 4635 Wyandotte Kansas City, Mo
22c. DATE SIGNED: 8-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG 21 1959
23c. NAME OF CEMETERY OR CREMATORY: mt. moriah cem
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.
24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS K. C. MO.
25. DATE RECD. BY LOCAL REG.: 8-20-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF R. K. Shillman

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Raymond M. Har

Signature of Student Embalmer

Licensed Embalmer No. 4913

P. O. Address Indep.,

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