IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-019515

FILED VS JUN 6 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2827 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in Hospital 5 hrs. ~~30 yrs.~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas ~~MISSOURI~~ b. COUNTY Johnson ~~JACKSON~~
c. CITY OR TOWN ~~KANSAS CITY~~
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 1918 W. 50th TERR
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Frank Middle D Last Mathias
4. DATE OF DEATH Month May Day 22 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH MAR 5, 1898
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) ASST. PANHANDLE EASTERN PIPELINE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) VAN BUREN IND.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN MATHIAS
13b. MOTHER'S MAIDEN NAME MARY E. UNKNOWN
14. NAME OF HUSBAND OR WIFE BILLIE R. MATHIAS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 487 03 2263
17. INFORMANT CHARLES A BAXTER HOUSTON TEXAS. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute pulmonary Edema	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	4 hrs
DUE TO (c)	Coronary Insufficiency	9 yrs

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 Jan 12, 1951, to May 23, 1960 and last saw her/him alive on May 22 1960
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert A Davis (Degree or title) M.D.
22b. ADDRESS 820 Prof Bldg
22c. DATE SIGNED 5/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAY 24, 1960
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM
23d. LOCATION (City, town, or county) (State) ~~KANSAS CITY MO~~ Bartlesville, Okla.
24. FUNERAL DIRECTOR D.W Newcomers Sons ADDRESS 1331 Brush Creek Blvd. Kansas City Missouri
25. DATE RECD. BY LOCAL REG. 5-24-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Robert C. Davis

MEDICAL CERTIFICATION

DOCUMENT

VS JUN 26 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert L. Savage

Signature of Student Embalmer

Licensed Embalmer No. 4812

P. O. Address Kansas City

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