

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023301

FILED VS. JUL 5 1960

3259

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>54 yrs</i>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Northline Nur. Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>708 Garfield</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>SILAS</i> Middle <i>BENJAMIN</i> Last <i>MATTHEWS</i>			4. DATE OF DEATH Month <i>6</i> Day <i>18</i> Year <i>1960</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-28-1878</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Mason</i>		9b. KIND OF BUSINESS OR INDUSTRY —	9c. AGE (last birthday) <i>82</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. IF UNDER 1 YEAR Months Days
11. BIRTHPLACE (City and state or country) <i>Eldon, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Samuel Matthews</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Baxter</i>	
14. NAME OF HUSBAND OR WIFE —		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>496-16-3641</i>		17. INFORMANT <i>Gasper Matthews</i> Address <i>3908 Bee</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>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 yrs</i>
DUE TO (b) <i>Arteriosclerosis</i>			<i>8 yrs</i>
DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 <i>1-1-60</i> to <i>6-18-60</i> and last saw her alive on <i>6-18-60</i> Death occurred at <i>8:15 p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>Frank Paul Lawrence</i> (Degree or title)		22b. ADDRESS <i>428 S. White Ave</i>	22c. DATE SIGNED <i>6-18-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>6-21-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY, KANS.</i>
24. GENERAL DIRECTOR <i>FASSANTINO BROS</i>	ADDRESS <i>Ke, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>6-20-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minchall</i>

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence, CERTIFICATION

708. Official
6-18-60 8:15 PM

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 _____
Signature of Student Embalmer

Signed *L. B. Lawrence*

Licensed Embalmer No. 4554

P. O. Address KCMo.

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.