

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 8 1960

149

Primary Registration District No. 1002 Registrar's No.

3852-60-027015
STATE FILE NUMBER

IDED

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 50 YEARS | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2700 Daniel Boone Road |
| 3. NAME OF DECEASED (Type or print) First John Middle B. Last Matson SR. | | | 4. DATE OF DEATH Month 7 - Day 23 - Year 60 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-25-89 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TREASURER | | 10b. KIND OF BUSINESS OR INDUSTRY K.C. PUMP COMPANY | 9. AGE (last birthday) 70 |
| 13a. FATHER'S NAME MONS MATSON | | 13b. MOTHER'S MAIDEN NAME IDA OLSON | 11. BIRTHPLACE (City and state or country) GALVA, ILLINOIS |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 486-01-1896 | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA Secondary to RESECTION OF CANCER OF THE RECTUM. | | 14. NAME OF HUSBAND OR WIFE MRS. BERTHA M. MATSON | |
| DUE TO (b) Aspiration of gastric secretions. | | INTERVAL BETWEEN ONSET AND DEATH 4 OR 5 | |
| DUE TO (c) _____ | | 11 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ABDOMINO-PERINEAL RESECTION OF CANCER OF RECTUM | | 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 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 June 17, 1960 to July 23, 1960 and last saw xx him alive on July 22, 1960 Death occurred at 6:30 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) George H. Thiele MD | | 22b. ADDRESS 411 Nichols Road, K.C., Mo | |
| 22c. DATE SIGNED 7/25/60 | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JULY 26, 1960 | 23c. NAME OF CEMETERY MT. MORIAH CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 7-26-60 | 26. REGISTRAR'S SIGNATURE Neva Marshall |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George H. Thiele

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *B. D. Nelson*

Licensed Embalmer No. 4421

P. O. Address R. C. M.

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