

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025358
3259 STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No.

FILED JUL 30 1961

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 33 yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5040 Brookside			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5040 Brookside			
3. NAME OF DECEASED (Type or print) First Middle Last Ralph R. Matthews			4. DATE OF DEATH Month Day Year June 29 1961				
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 3-31-1884	9. AGE (last birthday) 77 Yrs IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive Sec.		10b. KIND OF BUSINESS OR INDUSTRY Oil Co.		11. BIRTHPLACE (City and state or country) Salem, Oregon	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Wade Matthews		13b. MOTHER'S MAIDEN NAME Anna Leith		14. NAME OF HUSBAND OR WIFE Blanch B. Matthews			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)			17. INFORMANT Address K. C., Mo. Blanche B. Matthews, 5040 Brookside				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>Acute coronary occlusion</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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) <u>Generalized Arteriosclerosis - advanced; Diabetes Mellitus</u>					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 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 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 <u>August 1942</u> to <u>6-29-61</u> and last saw her/him alive on <u>6-28-61</u> Death occurred at <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John H. Wheeler</i> Degree or title			22b. ADDRESS M.D. 411 Nichols Road, K. C. Mo.		22c. DATE SIGNED 6-30-61		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Entombment 7-1-61		7-1-61	Forest Hill Abbey		Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE			
Stine & McClure, Kansas City, Mo.			6-30-61	<i>Ruth Long</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
John H. Wheeler
SHOULD READ

after noon Friday

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 Carl Robinson

Licensed Embalmer No. 4352

P. O. Address K. C. Mo

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.