

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045984

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1461

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
15117
26008
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4 0
5 1
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7 1
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9 2041
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12 1293-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
C. M. Clark, M.D.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Mo.		c. CITY OR TOWN Kansas City	
Length of stay in 1b. 14 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph State Hosp. #2		d. STREET ADDRESS (If outside, give location) 3721 East 41st. St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Hendrick Mathes			4. DATE OF DEATH Month Day Year 12 26 1962
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/25/1894
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY Stocks & Bonds-Real	11. BIRTHPLACE (City and state or country) McPherson, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Oliver Mathes	
13b. MOTHER'S MAIDEN NAME Ida Layman		14. NAME OF HUSBAND OR WIFE Nova E. Mathes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Hospital Records	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia Myelogenous			INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary Anemia - Chronic Brain Syndrome			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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 12/12/62 to 12/26/62 and last saw her alive on 12/25/62		Death occurred at 2:00AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Charles M. Clark M.D.		22b. ADDRESS State Hospital #2 St. Joseph, Mo.	
22c. DATE SIGNED 12/26/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/26/1962	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Kansas City, Mo. (State)
24. FUNERAL DIRECTOR D.W. Newcomers Sons, 831 Armour Road, No. Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 27, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell

USE BLACK INK OR TYPEWRITER RIBBON

Account checked 12/26/62

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 Marvin D. Crestor

Licensed Embalmer No. 5040

P. O. Address No. New City 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.