S. No. 300
v. 10.48

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16694

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1946

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 36 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Miami
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paola 8150
d. STREET ADDRESS (If rural, give location): 407 E Pennsylvania

3. NAME OF DECEASED (Type or Print)
a. (First): Bettymadine
b. (Middle): Matney
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): MAY 6 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 25-1925
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Miami Co. - Kans.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Byron Shields
13b. MOTHER'S MAIDEN NAME: Freda Hays
14. NAME OF HUSBAND OR WIFE: Bobby Jane Matney

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.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Hospital Records.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Pregnancy Onset after Fall.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Uterine Internal Hemorrhage
DUE TO (c) Peripheral Collapse complete.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. with Anuria. 7 mo. gestation stillborn

INTERVAL BETWEEN ONSET AND DEATH: E 9:00 21

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Fell on Steps
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): own home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Paola Miami Kansas

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 4, 1951 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Slipped on steps at own home

22. *I hereby certify that I attended the deceased from* 4 May, 1951, *to* 6 May, 1951, *that I last saw the deceased alive on* 5 May, 1951, *and that death occurred at* 8:30 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. J. Elson M.D.
23b. ADDRESS: Paola, Kansas
23c. DATE SIGNED: 6 May 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 6-1951
24c. NAME OF CEMETERY OR CREMATORY: Paola
24d. LOCATION (City, town, or county) (State): Paola - Kansas

DATE REC'D BY LOCAL REG.: 5-6-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: L. F. Metzler Paola Kansas

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Ward B. Runyan

Signed _____
Student Embalmer

Licensed Embalmer No. 3222 Missouri

P. O. Address Lowsburg Kansas

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 this body is not embalmed, fact should be so stated above.