

S. No. 300
V. 10.48

LED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16629
2132

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2132	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY JACKSON 4		b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON 341	
c. LENGTH OF STAY (In this place) 71 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 3304 COLEMAN ROAD		46	
d. FULL NAME OF HOSPITAL OR INSTITUTION CRESTHAVEN NURSING HOME				d. STREET ADDRESS (If rural, give location) 3304 COLEMAN ROAD 46			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) ALMA	b. (Middle) RADFORD	c. (Last) MATHEWS	Date of Death	Month	Day	Year	F / W
			5	-68-	52		
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH May 14, 1861		9. AGE (In years last birthday) 90	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DR. THOS. W. RADFORD		13b. MOTHER'S MAIDEN NAME KETURAH MILLER		14. NAME OF HUSBAND OR WIFE GEORGE W. MATHEWS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EDWIN H. PUGSLEY -3304 COLEMAN RD.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				3 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Corticoid-relations				3 yrs	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19/9, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Glenn C. Catbaugh MD (Degree or title)				23b. ADDRESS 2004 Bryant Bldg KCMO		23c. DATE SIGNED 5-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/8/52		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 5-9-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.			

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

Carroll County
Byrd and Oddy
A. 5731

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
Student Embalmer

Signed W. S. Walton

Licensed Embalmer No. 2744

P. O. Address Keeno

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.