

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5029**
725

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

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **KANSAS** b. COUNTY **JOHNSON**

b. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY**

c. CITY OR TOWN **Prairie Village**

d. Is Residence within limits of a city or incorporated town? Yes No 10

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Lukes Hospital**

STREET ADDRESS (If rural, give location) **3406 W. 73rd Terrace**

3. NAME OF DECEASED (Type or Print)
a. (First) **MATHER**

b. (Middle) **E**

c. (Last) **NORTH**

4. DATE OF DEATH (Month) (Day) (Year) **FEB 16 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **4-16-93**

9. AGE (In years last birthday) **62**

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) **merchandise Dept.**

10b. KIND OF BUSINESS OR INDUSTRY **overseas auto**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S**

13a. FATHER'S NAME **Jama S. North**

13b. MOTHER'S MAIDEN NAME **Mamie Ann**

14. NAME OF HUSBAND OR WIFE **Leta North**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **WAR - I**

16. SOCIAL SECURITY NO. **486-09-7752**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Leta North, 3406 W. 73rd Terr.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Nephritis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of Prostate with generalized metastases**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

157k

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1956, to 2-16, 1956, that I last saw the deceased alive on 2-16, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Edward E. Weiford** (Degree or title) **M.D.**

23b. ADDRESS **330 W. 47th, K.C. Mo.**

23c. DATE SIGNED **2-16-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **FEB. 18, 1956**

24c. NAME OF CEMETERY OR CREMATORY **MT. WASHINGTON**

24d. LOCATION (City, town, or county) (State) **KANSAS CITY, Mo.**

DATE REC'D BY LOCAL REG. **2-17-56** REGISTRAR'S SIGNATURE **Meva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **FREEMAN MORTUARY, KANSAS CITY, Mo.**

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

me
1-4928

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 *Clayton F. Barnes*

Licensed Embalmer No. 479

P. O. Address *F. E. Me*

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.