MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023339
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 820

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JUL 10 1963

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph
Length of stay in 1b 45 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2222 Locust
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CARL Middle A. Last MATZ
4. DATE OF DEATH Month July Day 4 Year 1963
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-10-1886
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker
10b. KIND OF BUSINESS OR INDUSTRY Boiler Shop
11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Augusta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Augusta Matz Address St. Joseph Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 36 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis Gen — 1 yr
DUE TO (c) ASHD - Decompensation — months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-2-63, to 7-4-63 and last saw him alive on 7-3-63.
Death occurred at 6:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert W. Kieber, MD (Degree or title)
22b. ADDRESS St Joseph, Mo
22c. DATE SIGNED 7-6-63

R.W. Kieber, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 6, 1963
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
23d. LOCATION (City, town, or county) St. Joseph (State) Missouri
24. FUNERAL DIRECTOR H.C. Sidenfaden & Son ADDRESS St. Joseph Mo.
25. DATE RECD. BY LOCAL REG. July 6, 1963
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5117		
2	5117 2		
3			
4	0		
5	1		
6			
7	3		
8	3		
9	331X		
10			
11			
12	2-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Permit issued 7-6-63

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 Robert R Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.