

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024482

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 18639 Primary Registration District No. 1002 Registrar's No. 3363

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS. 300
Rev. 4/59

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DATE AMENDED -

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FILED JUL 5 1963 <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in 1b <i>40 yrs.</i>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Luke's Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>5834 Olive</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Nellie Pearl Mattox</i>			4. DATE OF DEATH Month <i>6</i> Day <i>12</i> Year <i>1963</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-29-00</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Editor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Newspaper</i>	9. AGE (last birthday) <i>63</i> IF UNDER 1 YEAR: Months <i>-</i> Days <i>-</i> IF UNDER 24 HR: Hours <i>-</i> Min. <i>-</i>
11a. BIRTHPLACE (City and state or country) <i>Holt County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Berchen</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Manna</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		17. INFORMANT <i>George Berchen</i> Address <i>Savannah, Mo.</i>	
16. SOCIAL SECURITY NO. <i>[Redacted]</i>		14. NAME OF HUSBAND OR WIFE <i>Ray L. Mattox</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction, acute</i>			INTERVAL BETWEEN ONSET AND DEATH <i>72 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <i>-</i> a.m. <i>-</i> 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 <i>6-9-63</i> to <i>6-12-63</i> and last saw her ^{her} _{him} alive on <i>6-12-63</i> Death occurred at <i>12:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>M. Donald McFarland M.D.</i>		22b. ADDRESS <i>4320 Wornall Rd K.C. Mo.</i>	
22c. DATE SIGNED <i>6-13-63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-14-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>M. Manna Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>
24. FUNERAL DIRECTOR <i>Wornall Funeral Home Inc.</i>		25. DATE RECD. BY LOCAL REG. <i>K.C.M. 6-14-63</i>	26. REGISTRAR'S SIGNATURE <i>Ruth H. Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

STATE-101

FORM

8-20-23

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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 W.C. Rinne

Licensed Embalmer No. 4879

P. O. Address H.C. 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.