

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10122
Registrar's No. 0

Registration District No. 644

Primary Registration District No. 5700

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Rural - Frestoe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 225

3. (a) PRINT FULL NAME Olyde J. Mathewson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased July 11, 1920
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name J. L. Mathewson
13. Birthplace Kanada (City, town, or county) (State or foreign country)
14. Maiden name Eula Cantwell
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. L. Mathewson

(b) Address Frestoe Mo

17. (a) burial (b) Date thereof 7/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frestoe

18. (a) Signature of funeral director J. L. Mathewson

(b) Address Wheatlaugh Co. Mo

19. (a) Mathewson (b) Mathewson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Frestoe, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from November 1939 to March 5, 1940; that I last saw him alive on March 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Internal inflamma- Duration
tion, preceded by chronic
Lymphangioma

Due to: _____

Due to: 558

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed W. Jull (M. D. or other) _____

Address Frestoe Mo Date signed 3/9/40

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 4-40-536

Date Filed 4/2/40

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

J.R. Lucky

Licensed Embalmer No. 2982

P. O. Address Wheatland W.

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, above space should be left blank.