

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 891

Primary Registration District No. 580-6670

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Mattheus, Mo.

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Mattheus Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Rural 3 mi N.W. (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mrs. Mattie Mc Elyea

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 25 1940 to Feb 27 1940, that I last saw her alive on Feb 27 1940, and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased April 24 1864 (Month) (Day) (Year)

Immediate cause of death Coronary Atherosclerosis Duration 2-27-40

Due to General Atherosclerosis 1-29

Due to Hypertensive heart disease 1-24

Other conditions Senile Psychosis 1-15-40

8. AGE: Years 75 Months 10 Days 3 If less than one day _____ hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 1-27

Of operations _____

Of autopsy _____

9. Birthplace Lake County Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER { 12. Name Centron 9

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

14. Maiden name Centron 11

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

16. (a) Informant's own signature Sam M. Elyea

(b) Address Patagonia, Mo.

17. (a) Burial (b) Date thereof 2/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation Patagonia Mo.

18. (a) Signature of funeral director Allen Elyea

(b) Address Patagonia, Mo.

19. (a) 4-5-1940 (b) Sam M. Elyea (Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) NO

(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? 17-18

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

23. Signature M. G. Anderson (M. D. or other) 1

Address Sikeston, Mo. Date signed 2-28-40

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 OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No

440-89

District File Number

418140

Date Filed

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, on 2/20/40

Registered Apprentice No.

working under my personal supervision.

Signed

Allen Ellis

Licensed Embalmer No.

3869

P. O. Address

Albany, N.Y.

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.