

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 156

Primary Registration District No. 2001

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

2529

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No. 517 West Daugherty 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Matlock

3. (b) If veteran, name war Unknown

3. (c) Social Security No. no data

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eleanor Matlock

6. (c) Age of husband or wife if alive no data years

7. Birth date of deceased. April 29 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 2:30 minute _____ P M.

21. I hereby certify that I attended the deceased from 5-21-47
19____ to 4-18 1948;

that I last saw him alive on April 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 24 hrs

8. AGE: Years Months Days If less than one day

53 11 19 hr. _____ min.

Due to Chronic Myocarditis prior 5-21-47
Arterial Hypertension " 5-21-47

Due to Chronic Nephritis 2 5-21-47

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

10. Usual occupation Retired Shoe Manufacture

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

11. Industry or business _____

12. Name Charles Matlock

13. Birthplace no data 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Henson

15. Birthplace no data 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Widow: Matlock, Eleanor

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 4/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery
Hedge-Lewis

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) 4-24-48 (b) Delores Sampkins
(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) _____

(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 Delores Sampkins (M. D. or other) XXXX

Address Joplin, Missouri Date signed 4-20-

48-5-493

De Tan

JAN 1 4 1955

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.....

Leland J. Lewis....., Registered Apprentice No. *44*
working under my personal supervision.

Signed..... *E. W. Hedge*

Licensed Embalmer No. *288-9*

P. O. Address..... *Debb. Pa.*

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, fact should be so stated above.