

S. No. 300  
M-10-47  
v. 5-17-39  
1 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39840

FILED DEC 28 1948  
Registration District No. 228

Primary Registration District No. 2000

Registrar's No. 1111

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

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours (Specify whether  
In this community 6 years years, months or days)

3. (a) PRINT FULL NAME Gladys F Matney  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife David C Matney 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased January 21 1883 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 3 hr. min.

9. Birthplace Wayne County Indiana (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name John Ruppell  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Clarrissee Moore  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leonard C Robertson

(b) Address 1220 W Walnut, Springfield, Mo.

17. (a) Burial (b) Date thereof 12-28-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K C., Mo.

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-27-48 (b) W. S. Handley, M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield (If outside city or town limits, write "RURAL")  
(d) Street No. 1026 West State (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th  
year 1948 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 24, 1948  
7:30 P.M. to Dec. 24, 1948  
that I last saw her alive on Dec. 24 and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration 2 hrs

Due to Injuries, fractures, compound, both legs  
Due to

Other conditions fracture right arm  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 17 Dec 21  
Of autopsy

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

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

(a) Accident, suicide, or homicide (specify) yes accident  
(b) Date of occurrence 12-24-48  
(c) Where did injury occur? Springfield, Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Street - East & Walnut (Specify type of place)

While at work? No Means of injury truck

23. Signature W. S. Handley (M. D. or other)  
Address Springfield, Mo. Date signed 12/27/48

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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.....

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

Signed *Jewell E. Windle*

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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 this body is not embalmed, fact should be so stated above.**