

FILED FEB 3 1949

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 776

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Winnemucca</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Winnemucca</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kennett</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kennett</i>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <i>Wattulane St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wattulane St.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Doyle</i> b. (Middle) <i>Wayne</i> c. (Last) <i>Mathoney</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jun 25-1949</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>(N)</i>	8. DATE OF BIRTH <i>Jan 26-1948</i>
9. AGE (In years last birthday) <i>11</i> IF UNDER 1 YEAR Months <i>29</i> Days _____ Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Wardell, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>			

13a. FATHER'S NAME <i>James Mathoney</i>		13b. MOTHER'S MAIDEN NAME <i>Beatrice Hill</i>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. James Mathoney</i> ADDRESS <i>Kennett, Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Meningitis, pneumococci</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>pneumonia</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>490</i>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *Jan 20*, 1949, to *Jan 25*, 1949, that I last saw the deceased alive on *Jan 25*, 1949, and that death occurred at *10:22 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Chester R. Peck M.D.</i>		23b. ADDRESS <i>115 St. Francis, Mo.</i>		23c. DATE SIGNED <i>Jan 26-49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 26-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge</i>		24d. LOCATION (City, town, or county) (State) <i>Kennett, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>Jan 26-49</i>		REGISTRAR'S SIGNATURE <i>Carl Hershman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Emt's Funeral Service</i> ADDRESS <i>Kennett, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 249-17

Date Filed 2-1-49

STATEMENT BY LICENSED EMBALMER

*not embalmed*

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 .....  
Student Embalmer

Signed *Edgar Lee Ford* .....

Licensed Embalmer No. *4433* .....

P. O. Address *Kennett 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.