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FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5814

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

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BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		800 8 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>412N 5th St.</u>				d. STREET ADDRESS (If rural, give location) <u>412N 5th St. 3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frank</u>		b. (Middle) —		c. (Last) <u>Matlock</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 31, 1881</u>		9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Months: _____ Days: _____		11. UNDER 1 HR. Hours: _____ Min: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>		11. BIRTHPLACE (State or foreign country) <u>Huntsville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Melinda Matlock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-07-2413</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susie Holliczy</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		DUE TO (b) <u>Hyper-tensive Cardiovascular disease</u>				<u>Almost 2yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Auricular Fibrillation</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cirrhosis of liver 3/3</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No injury</u>			
22. I hereby certify that I attended the deceased from <u>6 Jan</u> , 19 <u>49</u> , to <u>26 Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>26 Jan</u> , 19 <u>49</u> , and that death occurred at <u>1:00 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Deward Chute, M.D.</u>				23b. ADDRESS <u>204 1/2 N. 4th Moberly, Mo</u>		23c. DATE SIGNED <u>29 Jan 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>30 Jan 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>Moberly, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-30-49</u>		REGISTRAR'S SIGNATURE <u>Leah W. Lowe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros.</u>		ADDRESS <u>3724 Finney St. St. Louis, Mo</u>	

H.S. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. _____

District File Number 249

Date Filed FEB 21 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Edward Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. 14444

P. O. Address 4548a Page

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.

Lucas 7664