

No. 300
10-48

FILED APR 5 1949 STANDARD CERTIFICATE OF DEATH

State File No. 9567

BIRTH NO. REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5989 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY OR TOWN Rural Grant		c. CITY OR TOWN Rural Grant	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Livonia, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ralph Mathews			

3. NAME OF DECEASED (Type or Print) Ralph Mathews			4. DATE OF DEATH March 24 1949		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Oct. 16, 1902	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR 5	11. UNDER 2 YEARS 8	12. UNDER 5 HRS. Min.
-------------	------------------------	--	--------------------------------	------------------------------------	--------------------	---------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME William Mathews	13b. MOTHER'S MAIDEN NAME Cora Martz	14. NAME OF HUSBAND OR WIFE Nellie Mathews
------------------------------------	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Nellie Mathews	18. ADDRESS
---	-------------------------	--	-------------

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) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 3-22-1949, to 3-24-1949, that I last saw the deceased alive on 3-24-1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Resident in Charge	23b. ADDRESS Centerville Mo	23c. DATE SIGNED 3-28-49
---	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 3-28-49	24c. NAME OF CEMETERY OR CREMATORY McCune Cem.	24d. LOCATION (City, town, or county) (State) Putnam Co Mo
---	-------------------	--	--

DATE REC'D BY LOCAL REG. 3-30-49	REGISTRAR'S SIGNATURE Maxwell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE J.D. Husted	ADDRESS 1000 S. Main
----------------------------------	--------------------------------------	--	----------------------

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

86000

RECEIVED

District Health Officer No. 10

District File Number 4.49.59

Date Filed APR 4 - 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.

Student
Student Embalmer

Signed

Marl E. Heister

Licensed Embalmer No.

3308A

P. O. Address

Monroeville, 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.