

FILED JUN 6 1949 STANDARD CERTIFICATE OF DEATH

State File No. 15355
 Registrar's No. 17-1949

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>EARL</u> c. (Last) <u>MATTOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>7</u> <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 13, 1880</u>	9. AGE (In years last birthday) <u>68</u>	10. F UNDER 1 YEAR Months <u>8</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>THOMAS J. MATTOX</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SUTTEN</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE MATTOX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EFFIE MATTOX</u> ADDRESS <u>ANTHONES MILL</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension in duration unknown</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4301</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 mo</u>
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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 June 6, 1948, to May 7, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald S. ...</u>		23b. ADDRESS <u>Bourbon, Missouri</u>		23c. DATE SIGNED <u>5/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harmon</u>	
				24d. LOCATION (City, town, or county) (State) <u>Anthones Mill Mo</u>	

DATE REC'D BY LOCAL REG. <u>5-10-49</u>		REGISTRAR'S SIGNATURE <u>Paul C. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>... Sullivan, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED 5/24/49

District Health Officer No. 5

District File Number 649403

Date Filed 6/3/49

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

T. A. Humphrey

Student Embalmer No. 316

working under my personal supervision.

Student

T. A. Humphrey
Student Embalmer

Signed

Edgar W. Safford
Licensed Embalmer No. 3394

P. O. Address Sullivan, Missouri.

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.