

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25940

11400

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

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6279 Registrar's No. 26

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> 1 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>MISSOURI</u> b. COUNTY: <u>WRIGHT</u> 11 1/2 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GASCONADE TWP RURAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GASCONADE TWP - RURAL</u> | |
| c. LENGTH OF STAY (in this place) <u>71 yrs</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED a. (First) <u>Talbert</u> b. (Middle) <u>Houston</u> c. (Last) <u>Matlock</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17-1949</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>OCT-8-1877</u> |
| 9. AGE (in years last birthday) <u>71</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>0</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>John Matlock</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Sarah Ciddy</u> | | 14. NAME OF HUSBAND OR WIFE <u>Docia Matlock</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>Docia Matlock</u> | | ADDRESS <u>Mansfield Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> 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) | | 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 <u>March 18 49</u> , to <u>July 17 49</u> , that I last saw the deceased alive on <u>July 17 49</u> , and that death occurred at <u>6:20 P m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE OF REGISTRAR <u>W. J. Zimmerman</u> (Name or title) D.O. | | 23b. ADDRESS <u>Mansfield Mo</u> | |
| 23c. DATE SIGNED <u>7/18/49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>July 24-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>DIST 5 CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO MO.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F.A. STOFFER</u> | |
| DATE REC'D BY LOCAL REG. <u>July 27, 1949</u> | | ADDRESS <u>Mansfield Mo</u> | |

RECEIVED JUL 30 1949

District Health Office No. 6,

District File Number 749-881

Date Filed 7-30-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manifield 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.