

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40159**BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5110** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY BOLLINGER	
b. CITY OR TOWN RURAL FILMORE TWP		c. CITY OR TOWN RURAL FILMORE TWP	
c. LENGTH OF STAY (in this place) 13 YRS.		d. STREET ADDRESS (If rural, give location) NEAR GRASSY	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR GRASSY			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ADELINE c. (Last) MATTHEWS			4. DATE OF DEATH (Month) (Day) (Year) DEC. 11, 1949		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 4, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 2 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F.		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM DEVORE		13b. MOTHER'S MAIDEN NAME MARGARET STRONG		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME W.W. MATTHEWS ADDRESS LUTESVILLE, Mo	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Hepatitis			INTERVAL BETWEEN ONSET AND DEATH 592X
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 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 **2/4** 19**45**, to **12/11/49**, that I last saw the deceased alive on **12/10/49**, 19**49**, and that death occurred at **6:10** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin J. Myers M.D.		23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 12/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-13-49		24c. NAME OF CEMETERY OR CREMATORY MCGEE CHAPEL CEM.	
24d. LOCATION (City, town, or county) (State) NEAR GLEN ALLEN, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. BAKER		ADDRESS PUNEREA HOME LUTESVILLE, Mo.	
DATE REC'D BY LOCAL REG. Dec. 14, 1949		REGISTRAR'S SIGNATURE Willie VanCumber			

RECEIVED 12-22-49
Inspector No. 4
Inspector 1249-1

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 *J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Lateterville, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.