

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **414**
Registrar's No. **24**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY New Madrid c. CITY (If outside corporate limits, write RURAL and give township) New Madrid OR TOWN New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1		d. STREET ADDRESS (If rural, give location) -	

3. NAME OF DECEASED (Type or Print) a. (First) Isah	b. (Middle) -	c. (Last) Matthews	4. DATE OF DEATH (Month) (Day) (Year) Jan 19 1950
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5. SEX Male	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan 30- 1901	9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Miss.	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Jeff Matthews	13b. MOTHER'S MAIDEN NAME Fannie Moore	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME State Hospital No 1 Fulton, Mo ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 30 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		576X	

19a. DATE OF OPERATION 12-16-49	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **12-16-49**, 19___, to **1-19-50**, 19 **50**, that I last saw the deceased alive on **1-18-50**, 19___, and that death occurred at **4: A. M.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Miller (Degree or title) D. M.D.	23b. ADDRESS State Hospital No 1 Fulton, Mo	23c. DATE SIGNED 1-21-50
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24a. BURIAL (CREMATION) REMOVAL (Specify)	24b. DATE 1-23-50	24c. NAME OF CEMETERY OR CREMATORY anatomical Burial Columbias mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Jan 23-1950	REGISTRAR'S SIGNATURE Martha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE J. A. Roberts ADDRESS Columbia Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 30 1950
District Health Officer No. 9,
District File Number

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.