

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

710

State File No.

BIRTH NO. 1155-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 8

0397

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> <u>Dunklin</u> COUNTY <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kennett (Rural)</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett (Rural)</u> <u>D</u>	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 7</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Terry</u>	b. (Middle) <u>Denton</u>	c. (Last) <u>Matheny</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>Jan. 11-1950</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>3</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Kennett Rt. 2</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James W. Matheny</u>	13b. MOTHER'S MAIDEN NAME <u>Beatrice Hill</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James W. Matheny Kennett Rt. 2</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patent ductus arteriosus at birth.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7541</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 11, 1950, to Jan. 13, 1950, that I last saw the deceased alive on Jan. 13, 1950, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dean H. Christensen, D.O.</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>1-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gregory Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo. Rt. 2</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 14-1950</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lutz Service Kennett, Mo.</u>
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Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 1-14-50

County File No. 150-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kenett, 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.