THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7805

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5132 Registrar's No. 274

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Wayne Twsp
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) As above

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Wayne Twsp. 01 0
d. STREET ADDRESS (If rural, give location) R.F.D. # 1 DeKalb,

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) c. (Last) MATTHEWS

4. DATE OF DEATH (Month) 3 (Day) 6 (Year) 1950

5. SEX M. 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH 3-9-1876

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Halls, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Matthews

13b. MOTHER'S MAIDEN NAME Frances Hisel

14. NAME OF HUSBAND OR WIFE Carrie Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Matthews, DeKalb, Missouri

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) Third and Fourth degree burns — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Of the entire body — 1 day.

DUE TO (c) Man was found dead in a field where he had been fighting a fire, which he had set to burn off his field. — 5 hrs.

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wayne Buchanan Missouri

21d. TIME OF INJURY (Month) Mar (Day) 6 (Year) 1950 (Hour) 6:30 A Viewed

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Was burned to death in a field fire

22. *I hereby certify that I attended the deceased from* On 3/6, 1950, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE H F Mundy M.D. Coroner (Degree or title)

23b. ADDRESS St Joseph Mo

23c. DATE SIGNED 3/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE 3-10-1950

24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery

24d. LOCATION (City, town, or county) (State) DeKalb, Missouri

DATE REC'D BY LOCAL REG. Mar 8, 1950

REGISTRAR'S SIGNATURE 382 E. B. Jenkins

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Cusick St. Joseph, Missou

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1950

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~~ Body was not embalmed, Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed John E. Rupp Jr.
Licensed Embalmer No. 3986
P. O. Address St. Joseph, Mo.

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

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