

FILED JUN 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 20653

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3012 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage	c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) Carthage	0493
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 S. Fulton		d. STREET ADDRESS (If rural, give location) Carthage Hotel	

3. NAME OF DECEASED (Type or Print) a. (First) VERN		b. (Middle) ADELBERT		c. (Last) MATHEWSON		4. DATE OF DEATH (Month) (Day) (Year) June 15, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH June 4, 1884		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Hours Min. 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Norwich, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Abraham Mathewson		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Maude	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 486-24-5181 <sup>NO.</sup>	17. INFORMANT'S SIGNATURE OR NAME M.W. Mathewson		ADDRESS 3030 Ames Ave. Omaha, Nebraska	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bright's Toxemia			INTERVAL BETWEEN ONSET AND DEATH 3 Wks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Flu			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			481X

19a. DATE OF OPERATION	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) Water	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) Potosi Jasper Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May 25, 1950, to June 15, 1950, that I last saw the deceased alive on June 14, 1950 and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE H.E. Baker M.D.	(Degree or title)	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 6/16/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 19-1950	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage Mo
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DATE REC'D BY LOCAL REG. 6/18/50	REGISTRAR'S SIGNATURE L. B. Clinton, M.D. 139	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-26-50

Jasper County Health Office

County File Number 50-6-499

Date Filed 6-26-50

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

Robert H. Kneel

Licensed Embalmer No.

4459

P. O. Address

Carthage

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.