

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27392
Registrar's No. 65

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>missyrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>325 N 17th St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
		d. STREET ADDRESS (If rural, give location) <u>325 N 17th St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>R.</u>	c. (Last) <u>MATTOX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 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>Widowed</u>	8. DATE OF BIRTH <u>Sept. 6, 1876</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTH <u>11</u>	11. DAY <u>13</u>	12. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer - crop</u>	11. BIRTHPLACE (State or foreign country) <u>Ray Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Not Known</u>	13b. MOTHER'S MARDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia Dryer</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adolph Kopp, Lexington, Mo.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cotarsary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c)		
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 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)
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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 Aug 18, 1950, to Aug 19, 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 5:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>Lexington Mo</u>	23c. DATE SIGNED <u>8/20/50</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/22/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 30, 1950</u>	REGISTRAR'S SIGNATURE <u>Minnie E Eastbrooke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Kempel</u>	ADDRESS <u>Lex Mo</u>
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RECEIVED 9-5-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-5-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Leo W. Keenan

Signed
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Springton, 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.