

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36091**

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY: (If outside corporate limits, write RURAL and give township) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Lamar 0061	
c. LENGTH OF STAY (In this place) 18 yrs		d. STREET ADDRESS (If rural, give location) 407 west 10th st.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Matson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1950
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 4, 1872	9. AGE (In years last birthday) 78 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building Const.	11. BIRTHPLACE (State or foreign country) Galesburg, Ill.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Marry Marrow
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Cleve Hale,	ADDRESS Lamar, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age + DUE TO (c) chronic nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		592X	

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 Lamar Route Mo
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?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 18, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 1 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. R. Guedner D. M.	23b. ADDRESS Lamar	23c. DATE SIGNED 11-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-21-1950	24c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery	24d. LOCATION (City, town, or county) (State) Sheldon, Missouri
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DATE REC'D BY LOCAL REG. NOV 21 1950	REGISTRAR'S SIGNATURE Marie Komaritzo	14	25. FUNERAL DIRECTOR'S SIGNATURE Clarence Schick	ADDRESS Lamar Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 26 1950

Dist. File 1250-2369

Date Filed 12-5-50

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.....
Student Embalmer

Signed Clarence S. Chiles

Licensed Embalmer No. 3473

P. O. Address Lane, 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.