

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36583

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 5413 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Squires, R. Walls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Squires, Missouri</u> <u>0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. Elias</u> b. (Middle) Matney c. (Last) <u>Matney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-50</u>
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>4-17-71</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Minister</u>	11. BIRTHPLACE (State or foreign country) <u>Ava, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lihue Matney</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Cobb</u>
14. NAME OF HUSBAND OR WIFE <u>Jane Manning Matney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Sallie Plumb</u>		ADDRESS <u>Squires, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> <u>with irregular fibrillation</u> <u>Arterial Hypertension</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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 <u>4-1</u> , 19 <u>44</u> , to <u>Oct 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-20</u> , 19 <u>50</u> , and that death occurred at <u>10:10 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Hoerman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Gainesville, Mo</u>	
23c. DATE SIGNED <u>10-30-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Murray</u>	
24d. LOCATION (City, town, or county) (State) <u>Squires, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>84</u> ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 13-50</u>		REGISTRAR'S SIGNATURE <u>Wesley Bushman</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
0.48

40

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV-14 1950

Dist. File 1150-230#

Date Filed 11-27-50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.