

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11780

State File No.

BIRTH NO. 20815-51 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton - Rt. 6 8140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 6</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Ann</u> c. (Last) <u>Matson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>April 13 1951</u>
9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> IF UNDER 12 HRS. Hours <u>1</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Fulton Callaway County, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done for the most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilkie Matson</u>	
13b. MOTHER'S MAIDEN NAME <u>Goldie Branch</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give name, dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wilkie Matson - Rt. 6 - Fulton, Mo.</u>		ADDRESS <u>Fulton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aspiration Anesthetic fluid 20 Cc</u> DUE TO (c) <u>Hydroemionis - Hydrops Child</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>III # child. P.D. P. Position. mid forceps</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>7610</u>	
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>4-12</u> , 1951, to <u>4-13</u> , 1951, that I last saw the deceased alive on <u>4-13</u> , 1951, and that death occurred at <u>11:50</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Brown M.D.</u> (Degree or title)		23b. ADDRESS <u>Fulton</u>	
23c. DATE SIGNED <u>4-13-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>April 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Irish</u>	
24d. LOCATION (City, town, or county) (State) <u>Wainwright Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Janner Senior</u> ADDRESS <u>700 J. J. Ave.</u>	
DATE REC'D BY LOCAL REG. <u>April 13 1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

148

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 1 9 1951

RECEIVED

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

Body not embalmed

Signed

[Signature]

Licensed Embalmer No. 3641

P. O. Address Gene

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.