

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24203**

FILED AUG 11 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 253

940
1

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

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY St. Francois		
b. CITY OR TOWN Delassus, St. Francois Twp.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Delassus 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) Joe Mathews			4. DATE OF DEATH Aug. 1 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 5, 1861	9. AGE (In years last birthday) 89	10. IF UNDER 1 YEAR Days 10 Hours 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bernie, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Geo. Mathews		13b. MOTHER'S MAIDEN NAME Don't know	
14. NAME OF HUSBAND OR WIFE Elizabeth Marty		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. Charles Bayless		ADDRESS Farmington, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Structure of Esophagus Carcinoma	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 150x		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) 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 <u>7/9</u> , 19 <u>51</u> , to <u>8/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/1</u> , 19 <u>51</u> , and that death occurred at <u>11:30</u> p. m., from the causes and on the date stated above.					
23a. SIGNATURE J. Rowley, M.D.		23b. ADDRESS 419 West Columbia Farmington, Mo		23c. DATE SIGNED 8/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 4, 1951		24c. NAME OF CEMETERY OR CREMATORY Knob Lick Cemetery Knob Lick Missouri	
24d. LOCATION (City, town, or county) (State)		24e. DATE REC'D BY LOCAL REG. Aug 4, 1951		24f. REGISTRAR'S SIGNATURE Eather Rudloff	
24g. FUNERAL DIRECTOR'S SIGNATURE Cozean Funeral Home, Farmington, Mo.		24h. ADDRESS		24i. (Licensed Embalmer's Statement on Reverse Side)	

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 6 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

Signed _____

CA Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington 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.