

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34099

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DEWITT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALEM</u>	
c. LENGTH OF STAY (In this place) <u>6wks</u>		d. STREET ADDRESS (If rural, give location) <u>PERSHING AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JASPER CTBC. Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>LESNA</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>MATLOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-1-51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 7, 1975</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u>		IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
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>FARMING</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Silas MATLOCK</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>CLARK MATLOCK</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>CLARK MATLOCK</u>		ADDRESS <u>SALEM, MO.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS UNK.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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 <u>002X</u>				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) _____	
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 9-12, 1951, to 11-1, 1951, that I last saw the deceased alive on 11-1, 1951, and that death occurred at 9:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Douglas</u>		(Degree or title) _____		23b. ADDRESS <u>Mr. & Mrs. Webberly No.</u>		23c. DATE SIGNED <u>11/1/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SALEM, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>10/12-51</u>		REGISTRAR'S SIGNATURE <u>L. L. HITCHCOCK</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SPENCER FUNERAL HOME</u>		ADDRESS <u>SALEM MISSOURI</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

490

RECEIVED 11-7-51
Jasper County Health Office
County File Number 51/11/836
Date Filed 11-7-51

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

Bob Byer
working under my personal supervision.

Student Embalmer No. 430

Student Rosal J. Byer
Student Embalmer

Signed Dale Glover
Licensed Embalmer No. 4593

P. O. Address Joplin, 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.