

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

40748

State File No. ....

No. 300  
10.48

**FILED JAN 7 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1348

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5613 King hill ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) <u>1006 Dewey Ave</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>EMMA- DUDECK- MATLOCK</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 24, 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>March 25/1870</u>	<b>9. AGE</b> (In years last birthday) <u>81</u>	if UNDER 1 YEAR Months	if UNDER 1 HR. Days	Hours	Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>-</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Germany</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		

<b>13a. FATHER'S NAME</b> <u>Jacob Dudeck</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna (unknown)</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>George Matlock</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Bessie Albertson</u>	<b>ADDRESS</b> <u>St Joseph</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Codrus decompensation</u>				<u>1 week</u>	
<b>ANTECEDENT CAUSES</b>		<b>DUE TO (b)</b> <u>Arteriosclerotic heart disease</u>		?	
<b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		<b>DUE TO (c)</b> <u>Arteriosclerosis, generalized</u>		?	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>Psychosis, senile</u>		<u>2 weeks</u>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>H-200</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Dec. 15, 1951, to 24 Dec., 1951, that I last saw the deceased alive on 21 Dec., 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Willie P. McDonald</u>	(Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>301 N 8th St. St Joseph Mo</u>	<b>23c. DATE SIGNED</b> <u>24 Dec. 51</u>
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<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Dec 27-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ashland Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St Joseph Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Dec 31, 1951</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Cash</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Stainer Funeral Home</u>	<b>ADDRESS</b> <u>St Joseph</u>
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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

*C. Dean Cole*

Licensed Embalmer No.

4670

P. O. Address

Savannah, 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.