

No. 300
10-48

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41086

State File No.

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 30

280

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

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Steeleville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELEVILLE MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steeleville Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>B</u>	c. (Last) <u>MATCHELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 12 1951</u>
-------------------------------------	---------------------------	----------------------	---------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1976</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
-----------------	---------------------------	---	------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

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>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>WEST VIRGINIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	--

13a. FATHER'S NAME <u>WESLEY MATOIL</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCE DREKEY</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH MATCHELL</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>EDITH MATCHELL STELEVILLE</u>	ADDRESS <u>STEELEVILLE</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		INTERVAL BETWEEN ONSET AND DEATH <u>1 Wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> 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	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) <u>4200</u>
--	--	--

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 5-18, 1951, to 6-7-51, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 330 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John Donahue M.D.</u>	(Degree or title)	23b. ADDRESS <u>Steeleville Mo</u>	23c. DATE SIGNED <u>10-22-51</u>
--	-------------------	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEELEVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>STEELEVILLE MO</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-13-51</u>	REGISTRAR'S SIGNATURE <u>W. Gibbs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JONAS & SON STELEVILLE MO</u>	ADDRESS <u>76</u>
---	--	--	----------------------

RECEIVED
DEC 19 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 _____

Embalmed by Harry Jones

working under my personal supervision.

Student Embalmer No.

Signed *Harry Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2628*

P. O. Address *Steubenville, 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.