

FILED JAN 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4184 State File No. **41223**

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 543 Registrar's No. 30

5360
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berard Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Beaufort Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0-360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Berard Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bluford</u> b. (Middle) <u>C.</u> c. (Last) <u>Matthews</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1951</u>		
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5. SEX <u>MA</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Dec 14, 1899</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 1 YEAR Days <u>22</u>	IF UNDER 1 HR. Hours <u></u>	IF UNDER 1 HR. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Feed. Store</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Feed. Store</u>	11. BIRTHPLACE (State or foreign country) <u>Lea, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alonzosd Matthew</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Shelton</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Matthews</u>
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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. <u>498-14-5809</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel Matthews</u>	ADDRESS <u>Beaufort 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary artery disease</u>		<u>6 Mon</u>
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>4201</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)
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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
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22. I hereby certify that I attended the deceased from 6-8-1951, to 12-8-1951, that I last saw the deceased alive on 12-8-1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L J Matthews M.D.</u>	(Degree or title)	23b. ADDRESS <u>Beaufort Mo.</u>	23c. DATE SIGNED <u>12-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 11 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graves Evang Cent</u>	24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-10-51</u>	REGISTRAR'S SIGNATURE <u>L J Matthews</u>	95	25. FUNERAL DIRECTOR'S SIGNATURE <u>E H Semone</u>	ADDRESS <u>Beaufort Mo</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 _____

E. H. Jenne

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. H. Jenne* _____

Licensed Embalmer No. *3076* _____

P. O. Address *Beaufort 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.