

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 7

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY NEW MADRID NEW MADRID		b. CITY (If outside corporate limits, write RURAL and give town) Matthews		a. STATE Missouri		b. COUNTY NEW MADRID NEW MADRID		
c. LENGTH OF STAY (in this place) 10 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Matthews		c. CITY (If outside corporate limits, write RURAL and give township) Matthews		1720		
d. FULL NAME OF HOSPITAL OR INSTITUTION Matthews				d. STREET ADDRESS (If rural, give location) Matthews				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Nancy	b. (Middle) Elizabeth		c. (Last) Lomax		(Month) February	(Day) 6,	(Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 28, 1871		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Carroll County, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J.T. Moore			13b. MOTHER'S MAIDEN NAME Senia Harris		14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James Lomax Matthews, Missouri		ADDRESS Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 3 days	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral apoplexy					?	
		ANTECEDENT CAUSES						
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Cardiovascular disease						
		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)				
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 Feb 3 , 1952, to Feb 3 , 1952, that I last saw the deceased alive on Feb 3 , 1952, and that death occurred at 11 A m., from the causes and on the date stated above.								
23a. SIGNATURE Wm. C. Critchlow M.D. (Degree or title)				23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED Feb 7, 1952		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 8, 1952	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) New Madrid, Missouri			
DATE REC'D BY LOCAL REG. 2-8-52		REGISTRAR'S SIGNATURE Helen Loued Jones		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith		ADDRESS Funeral Home C'ville, Mo.		

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

W. Denver Pike

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.