

FILED FEB 13 1952

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4543 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEYMOUR MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1120 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>MATNEY</u> c. (Last) <u>MATNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23-1952</u>		
5. SEX <u>M.O</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-7-1887</u>	9. AGE (In years last birthday) <u>64</u>	10. IF UNDER 1 YEAR Days <u>5</u> IF UNDER 24 HRS. Hours <u>16</u> 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>WEBSTER CO MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ELIAS MATNEY</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN COPELY</u>		14. NAME OF HUSBAND OR WIFE <u>DEC</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VIRNA WIGGINTON SEYMOUR MO</u> ADDRESS <u>DEC</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephalomalacia 3 months</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 yrs</u>
--	--	---	--	--	---

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 MAY, 1950, to JAN-23, 1952, that I last saw the deceased alive on JAN 21 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Hill D.O.</u>		23b. ADDRESS <u>Seymour Mo</u>		23c. DATE SIGNED <u>1-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STARR</u>	
24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>					

DATE REC'D BY LOCAL REG. <u>2-1-52</u>		REGISTRAR'S SIGNATURE <u>Wilbert Jones</u>		3439	
FUNERAL DIRECTOR'S SIGNATURE <u>Jerry Ferris</u>		ADDRESS <u>Bryant Seymour Mo</u>			

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

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 *KK Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Jardland 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.