

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5717

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Tennessee</u> b. COUNTY <u>MORGAN</u>	
b. CITY OR TOWN <u>FREDRICKTOWN, Mo.</u>		c. CITY OR TOWN <u>SUNBRIGHT Tennessee</u>	
c. LENGTH OF STAY (in this place)		8410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MADISON HOTEL</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHNNIE</u>	b. (Middle) <u>BASCAL</u>	c. (Last) <u>GILREATH</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>FEB 28 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-2-1914</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	IF UNDER 2 WEEKS Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BYRDSTOWN, TENN.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>BEN W. GILREATH</u>	13b. MOTHER'S MAIDEN NAME <u>CLORA C. BOND</u>	14. NAME OF HUSBAND OR WIFE <u>BONZIE 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) <u>No</u>	16. SOCIAL SECURITY NO. <u>272-14-0472</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben P. Gilreath</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial asthma.</u>		
	ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from January, 1952 to Feb 28, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bryan A. Hicks, M.P.</u>	23b. ADDRESS <u>133 W. Main Fredricktown, Mo.</u>	23c. DATE SIGNED <u>28 Feb 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonestown</u>	24d. LOCATION (City, town, of county) (State) <u>Jonestown, Tenn.</u>
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DATE REC'D BY LOCAL REG. <u>3-1-1952</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hess Coy & Fitch-Poplar Bluff</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21
3

5

MADISON ILL. DEPT.

FREDERICK LOW MO.

RECEIVED
MAR 11 1952
RECEIVED

FILE No. 35-2-11

1952

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 Joseph R. Matlock
Licensed Embalmer No. 4874

P. O. Address Spokane Bluff, I.

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.