

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5720

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 204A Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Silva</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		1110 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMA</u>	b. (Middle) <u>GERTRUDE</u>	c. (Last) <u>MATTHEWS</u>	4. DATE OF DEATH (Month) - (Day) - (Year) <u>1 - 23 - 52</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-12-1898</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 24 HRS. 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>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Laurel, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Hellmire</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Thomas Matthews</u>	ADDRESS <u>Silva, 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>4 days</u> <u>years.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic hypertension</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"/>
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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) <u>Silva</u> (COUNTY) <u>Wayne</u> (STATE) <u>Mo.</u>
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/20, 1952, to 1/23, 1952, that I last saw the deceased alive on 1/22, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marion Grossman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>1/26/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah</u>	24d. LOCATION (City, town, or county) <u>Silva, Mo.</u> (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-5-52</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wish</u> ADDRESS <u>Funeral Home, near Silva, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON CO.
FREDERICKTOWN MO.

RECEIVED
FEB 15 1952

FILE NO. 252-7

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 _____

working under my personal supervision.

Student
Student Embalmer

me

Student Embalmer No.

Signed *Harvey E. Bowler*

Licensed Embalmer No. 4426

P. O. Address Redman

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.