

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21440**

FILED JUN 19 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4407** Registrar's No. **188**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Boulah	b. (Middle) Genevieve	c. (Last) Matthews	4. DATE OF DEATH (Month) (Day) (Year) June 9 1952
-------------------------------------	--------------------------	------------------------------	---------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	--	--	---	-------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME William T. Settles	13b. MOTHER'S MAIDEN NAME Emma Gwinn	14. NAME OF HUSBAND OR WIFE Charles Matthews
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Helen Files	ADDRESS LaMonte Mo.
--	--	---	-------------------------------

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 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon, Rectum and uterus		
	ANTECEDENT CAUSES Morbid 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. (1) Chr. Venular Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X	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) LaMonte, Pettis Mo
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) ✓	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **April 1951**, to **June 9, 1952**, that I last saw the deceased alive on **June 9 1952** and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. W. [Signature]	(Degree or title)	23b. ADDRESS Frank Nester	23c. DATE SIGNED June 10 1952
--	-------------------	-------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-10-52	24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery	24d. LOCATION (City, town, or county) (State) LaMonte Mo.
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 6/10/1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore	ADDRESS LaMonte Mo.
--	---	--	-------------------------------

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

800
1

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.