

10. **MIL** AUG 26 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27476

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5286 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyaconda		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyaconda	
c. LENGTH OF STAY (in this place) 60 yrs		d. STREET ADDRESS (If rural, give location) 1230	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Calvin	c. (Last) Matthews	4. DATE OF DEATH (Month) (Day) (Year) Aug. 14 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 28, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner	10b. KIND OF BUSINESS OR INDUSTRY Heating and plumbing	11. BIRTHPLACE (State or foreign country) Clark Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Boyd Matthews	13b. MOTHER'S MAIDEN NAME Amanda Gustin	14. NAME OF HUSBAND OR WIFE Gora Matthews
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gora Matthews, Wyaconda, MO	ADDRESS Wyaconda, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Stomach		INTERVAL BETWEEN ONSET AND DEATH
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 June 1, 1952, to Aug 14, 1952, that I last saw the deceased alive on Aug 13, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Bridges	(Degree or title)	23b. ADDRESS Wyaconda, Mo	23c. DATE SIGNED 8/20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 16, '52	24c. NAME OF CEMETERY OR CREMATORY Wyaconda cemetery	24d. LOCATION (City, town, or county) (State) Wyaconda, Mo
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DATE REC'D BY LOCAL REG. 8/24/52	REGISTRAR'S SIGNATURE J. P. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Gerth H. Hockett	ADDRESS Wyaconda, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2230

SEP 5 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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *Geo V. Buskett*

Signed.....
Student Embalmer

Licensed Embalmer No. *1817*

P. O. Address *Wynconda, m*

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.