

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34700

State File No. \_\_\_\_\_  
Registrar's No. 956

DECEASED OCT 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>956</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Fulton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>6 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wild Cherry</u> <u>8030</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1433 West Brower Street</u>				d. STREET ADDRESS (If rural, give location) <u>(General Delivery)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CANNARY</u>		b. (Middle) <u>BASCOM</u>		c. (Last) <u>MATHESON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 11, 1857</u>		9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hayesville, N. Carolina</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Matheson</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Dixie Scott (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Matheson 1433 W. Brower</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary Vascular Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		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 <u>4201</u>				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)			
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 _____ to _____, and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Earl Williamson</u> Deputy Registrar				23b. ADDRESS <u>Crt. House, Springfield, Mo</u>		23c. DATE SIGNED <u>10/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/23/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wild Cherry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wild Cherry, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>10-25-52</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u> Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>AYRE-GOODWIN FUN'L SERVICE, Spgfld,</u>			

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

0390

**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 \_\_\_\_\_

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

**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.