

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5147 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--St. Michael	c. LENGTH OF STAY (in this place) 72 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Polk- Rt #3 Fredericktown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3 Fredericktown		d. STREET ADDRESS (If rural, give location) Rt #3 Fredericktown, Mo. 6720	

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Mathews	4. DATE OF DEATH (Month) Nov (Day) 6 (Year) 1952
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH April 21, 1880	9. AGE (in years last birthday) 72 yrs 6 Months 15 Days	10. F UNDER 18 REG. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Madison County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John B. Mathews	13b. MOTHER'S MAIDEN NAME Adeline Rion	14. NAME OF HUSBAND OR WIFE Rosie Mathews
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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 Son: John Mathews	ADDRESS Flat River 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Few minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary emboli		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery disease 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) (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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April, 1952, to Nov 6, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 5:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE S. Slaughter M.D.	(Degree or title)	23b. ADDRESS 135 W. Main Fredericktown Mo	23c. DATE SIGNED 11-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-9-52	24c. NAME OF CEMETERY OR CREMATORY Mountain Oak Cemetery	24d. LOCATION (City, town, or county) (State) Madison County Mo.
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DATE REC'D BY LOCAL REG 11-24-1952	REGISTRAR'S SIGNATURE Vernice Hicks	25. FUNERAL DIRECTOR'S SIGNATURE Sam Najim Jr	ADDRESS Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

620  
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MADISON CO. HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
DEC 4 - 1952  
RECEIVED

FILE No. 1252-61

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 William B. O'Connor

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.