

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39628

State File No.

FILED NOV 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>437 d</u>		Registrar's No. <u>246</u>			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clearmont</u>		c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clearmont</u>		<u>0740</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Kate Neff Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>ELMER</u>		c. (Last) <u>MATLOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 5 52</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>3/13/77</u>	9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u> <u>Fillmore, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Squire Matlock</u>			13b. MOTHER'S MAIDEN NAME <u>Cornelia Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Morris Matlock, dec.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Glenn Hornbuckle, Essex, Ia.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Several weeks</u> <u>sun 1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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) (m.)		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 <u>Summer</u> , 19 <u>51</u> , to <u>Nov. 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>52</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Philip A. Spina M.D.</u>				23b. ADDRESS <u>Essex, Iowa</u>		23c. DATE SIGNED <u>11-7-52</u>			
24b. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24d. DATE <u>11/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clearmont</u>		24d. LOCATION (City, town, or county) (State) <u>Clearmont, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-15-52</u>		REGISTRAR'S SIGNATURE <u>Beas Holtz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>					

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

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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

Clem M. Price

Signed.....
Student Embalmer

Licensed Embalmer No. 1822

P. O. Address Maryville 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.