

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2177**  
Registrar's No. **1**

FILED JAN 27 1953

REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725**

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>MACON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MACON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>#3 Hudson Township</b>		c. LENGTH OF STAY (In this place) <b>2 mo. 16 days</b>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>#3 Hudson Township</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeview Rest Home</b>			d. STREET ADDRESS (If rural, give location) <b>#3 0610</b>		

3. NAME OF DECEASED (Type or Print) <b>John</b>		a. (First) <b>William</b>		b. (Middle) <b>Matthews</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>1 4 53</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>3-1-1874</b>		9. AGE (In years last birthday) <b>78</b> If under 1 year: Months   Days   Hours   Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>MACON, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>GANT Matthews</b>			13b. MOTHER'S MAIDEN NAME <b>MARY Elizabeth Gee</b>			14. NAME OF HUSBAND OR WIFE <b>LUDA ANN Matthews</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>LUDA ANN Matthews</b>			ADDRESS	

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) <b>Chronic Bronchitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Tonsillitis</b> 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 <b>1 week</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592 X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **1/3**, 19**53**, to **1/4**, 19**53**, that I last saw the deceased alive on **1/4**, 19**53**, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul A. Mason M.D.</b> (Degree or title)		23b. ADDRESS <b>MACON, Mo.</b>		23c. DATE SIGNED <b>1/8/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 6-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood</b>		24d. LOCATION (City, town, or county) (State) <b>Clarence Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-12-53</b>		REGISTRAR'S SIGNATURE <b>Walter M. Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Skinner</b>		ADDRESS <b>MACON</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

610  
4

RECEIVED 1-19-53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 103.16  
Date Filed 1-28-53

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 William D. Roberts

Licensed Embalmer No. 4005

P. O. Address Macon 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.