No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

14964

State File No. .....

FILED MAY 6 1953

BIRTH NO. ..... REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5726 Registrar's No. 43

610
1

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Middle Fork
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. Excello

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Middle Fork 0610
d. STREET ADDRESS (If rural, give location): R.F.D. Excello 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): ——
c. (Last): Mattox

**4. DATE OF DEATH** (Month) (Day) (Year): April 25 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 2, 1869
**9. AGE** (In years last birthday): 84 | 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): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: ——
**11. BIRTHPLACE** (City and State or Foreign Country): Sperry, Iowa
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Walter Mattox
**13b. MOTHER'S MAIDEN NAME**: Jane Clark
**14. NAME OF HUSBAND OR WIFE**: Lucy E. Mattox

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: no.
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Lucy E. Mattox
**ADDRESS**: Excello Mo.

**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) Adeno-Carcinoma Prostate gland — Interval between onset and death: 6 mos

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.* 1) Arteriosclerosis (General) 2) Secondary Anemia

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 177X
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov., 1952 *to* April 25, 1953, *that I last saw the deceased alive on* 25, 1953, *and that death occurred at* 11:45 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: A. L. Durham D.O. (Degree or title)
**23b. ADDRESS**: Macon
**23c. DATE SIGNED**: 4/27/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 28, 53
**24c. NAME OF CEMETERY OR CREMATORY**: Afton Cem.
**24d. LOCATION** (City, town, or county) (State): Afton Iowa

**DATE REC'D BY LOCAL REG.**: 4/30/53
**REGISTRAR'S SIGNATURE**: Ruth McNeely
185-d
**25. FUNERAL DIRECTOR'S SIGNATURE**: Lester Hilton
**ADDRESS**: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-4-53
MACON COUNTY HEALTH DEPARTMEN
County File No. 5-53-87
Date Filed 5-5-53

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 Charles L. Hutton

Licensed Embalmer No. 4577

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.