

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18712**

FILED JUN 8 1953

REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **197**

44 1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal 0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 810 Park Ave		d. STREET ADDRESS (If rural, give location) 810 Park Avenue 0	
3. NAME OF DECEASED (Type or Print) a. (First) Preston V. Matthews b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 15, 1872 80 8 17
9. AGE (In years last birthday) 80 8 17		9. AGE (In years last birthday) 80 8 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and State or Foreign Country) Marion County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Preston Matthews		13b. MOTHER'S MAIDEN NAME Rosie Lee Valaint	
14. NAME OF HUSBAND OR WIFE Louisa Matthews		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX XX	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Harris Hannibal	
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.		19. INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		DUE TO (b) General debility of aged	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Abdominal aortic aneurysm	
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 4341	
20. AMPUTATION YES <input checked="" 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) (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 22 apr , 19 53 , to 22 may , 19 53 , that I last saw the deceased alive on 21 may , 19 53 , and that death occurred at 5:00 m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Richard W. Strong M.D.		23b. ADDRESS 115 N 5th St Hannibal Mo	
23c. DATE SIGNED 24 may			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/25/53	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Palmyra Mo	
DATE REC'D BY LOCAL REG. 5-27-53		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By J.C. Fisher	
25. FUNERAL DIRECTOR'S SIGNATURE W. Crawford Smith		ADDRESS Hannibal Mo	

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

RECEIVED JUN 5 1953
MARION CO. HEALTH DEPT.
DATE FILED JUN 5 1953

MAY 24 1955

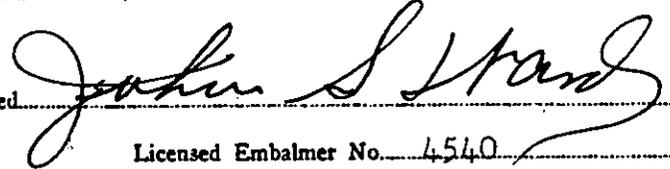
STATEMENT BY LICENSED EMBALMER

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. 4540

P. O. Address Hannibal 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.