.300
.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20581

FILED JUL 10 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 209

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville, Mo
c. LENGTH OF STAY (In this place): 8 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: MONROE 0690
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOLLIDAY R.F.D. #21
d. STREET ADDRESS (If rural, give location): 7 Mi. N.E. HOLLIDAY, MO

3. NAME OF DECEASED (Type or Print): a. (First) Leslie b. (Middle) M. c. (Last) Mathews

4. DATE OF DEATH (Month) (Day) (Year): JUNE 29 1953

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

8. DATE OF BIRTH: MARCH 27 1861 **9. AGE** (In years last birthday): 92 IF UNDER 1 YEAR Months: 3 Days: 2 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: GEN. FARMING
11. BIRTHPLACE (State or foreign country): OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLEY D MATHEWS
13b. MOTHER'S MAIDEN NAME: VIOLA MITCHELL
14. NAME OF HUSBAND OR WIFE: WINNIE MATHEWS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: MRS WINNIE MATHEWS HOLLIDAY 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

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.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 4201
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 June 29, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953 and that death occurred at 7:19 p m., from the causes and on the date stated above.

23a. SIGNATURE: U.T. Rhoads, D.O. (Degree or title) **23b. ADDRESS**: Kirksville, Mo **23c. DATE SIGNED**: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-3-1953
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CEM.
24d. LOCATION (City, town, or county) (State): MEXICO, MO.

DATE REC'D BY LOCAL REG.: 7-2-53
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Lynch & Blakeye Paris, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.