

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36961**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 3579

1. PLACE OF DEATH a. COUNTY ST FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) LEADWOOD		c. CITY (If outside corporate limits, write RURAL and give township) LEADWOOD	
c. LENGTH OF STAY (in this place) 50 YRS		d. STREET ADDRESS (If rural, give location) 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEADWOOD			

3. NAME OF DECEASED (Type or Print) a. (First) CICERO b. (Middle) GARFIELD c. (Last) MATTHEWS			4. DATE OF DEATH (Month) (Day) (Year) OCT 23, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 9, 1879	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months 11 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY LEAD MINING	11. BIRTHPLACE (State or foreign country) MARQUAND, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ELISHA MATTHEWS		13b. MOTHER'S MAIDEN NAME KATHERINE KING		14. NAME OF HUSBAND OR WIFE NETTIE MATTHEWS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-03-8898		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS NINA THURMAN DESLOE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Practical Carcinoma		INTERVAL BETWEEN ONSET AND DEATH Not known
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Type not known		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. 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 Sept 2, 1953 to Oct. 23, 1953, that I last saw the deceased alive on Oct. 23, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE John W. Winters M.D.		23b. ADDRESS Leadwood, Mo.		23c. DATE SIGNED 10-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE OCT 25 1953		24c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEMETERY	
		24d. LOCATION (City, town, or county) FARMINGTON, MO.		(State)	

DATE REC'D BY LOCAL REG. Oct 26, 1953		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS But L. Boyer Leadwood, Mo	
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(Licensed Emballer'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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William E. Bayne

Licensed Embalmer No. 4730

P. O. Address Leedswood, 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.