

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43690

State File No.

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4332 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Paris		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico Rural 0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R. F. D. #5	

3. NAME OF DECEASED (Type or Print) a. (First) NOIA b. (Middle) — c. (Last) MATTHEWS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Oct 31 1882		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days 0	
11. BIRTHPLACE (State or foreign country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Widow at home	
10b. KIND OF BUSINESS OR INDUSTRY Widow		11. BIRTHPLACE (State or foreign country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN D. HANNA		13b. MOTHER'S MAIDEN NAME EMMA B. ARMSTRONG		14. NAME OF HUSBAND OR WIFE JOE W. MATTHEWS	
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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. None		17. INFORMANT'S SIGNATURE OR NAME Miss Alice Hanna	
				ADDRESS Paris, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular				INTERVAL BETWEEN ONSET AND DEATH 1 1/2	
		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 Extensive operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Paris, Monroe, Mo.	
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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?	
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22. I hereby certify that I attended the deceased from Nov 2, 1953 to Dec 13, 1953, that I last saw the deceased alive on Dec 13 1953, and that death occurred at 9:37 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. M. Regan M.D.		23b. ADDRESS Paris, Mo.		23c. DATE SIGNED Dec. 14-1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 15 1953		24c. NAME OF CEMETERY OR CREMATORY South Fork		24d. LOCATION (City, town, or county) (State) Monroe County, Mo.	
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DATE REC'D BY LOCAL REG. Dec. 14-1953		REGISTRAR'S SIGNATURE F. A. Barned M.D.		FUNDAL DIRECTOR'S SIGNATURE Wm. M. Regan		ADDRESS Mexico, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0690

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 Alvin Arroyo Jr

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.