

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1918

State File No.

FILED FEB 8 1954 REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Lawrence	
b. CITY OR TOWN Pierce City Rural		c. CITY OR TOWN Pierce City Rural	
c. LENGTH OF STAY (In this place) 8 yrs		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Matlock			4. DATE OF DEATH (Month) (Day) (Year) 2 2 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/9/1881
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmen	11. BIRTHPLACE (State or foreign country) Bunny County, MO
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Preston Matlock		13b. MOTHER'S MAIDEN NAME MaLendia Baird	14. NAME OF HUSBAND OR WIFE Alta Matlock
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. ADDRESS Mrs Alta Matlock Pierce City 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) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
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	
		332X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-10 1954 , to 2-2 1954 , that I last saw the deceased alive on 2/2 1954 , and that death occurred at 3:30 AM. , from the causes and on the date stated above.			
23a. SIGNATURE F. J. Edwards MD (Degree or title)		23b. ADDRESS Moore MO 21-14	
23c. DATE SIGNED 2-2-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/5/54	
24c. NAME OF CEMETERY OR CREMATORY MOORE CEMETARY		24d. LOCATION (City, town, or county) (State) LAWRENCE COUNTY MO	
DATE REC'D BY LOCAL REG 2-5-54		REGISTRAR'S SIGNATURE J. M. Davis	
25. FUNERAL DIRECTOR'S SIGNATURE Wm J Wessell		ADDRESS	

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 me

working under my personal supervision.

Student Embalmer No.....

Signed

A. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No 4213

P. O. Address Monro, 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.