No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2424

BIRTH NO. FILED FEB 9 1954 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6008 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie
c. LENGTH OF STAY (in this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD #1 Clark

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Randolph
b. COUNTY: Missouri
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie 0880 0
d. STREET ADDRESS (If rural, give location): RFD #1 Clark

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): GILBERT
c. (Last): MATTHEWS

4. DATE OF DEATH (Month) (Day) (Year): Feb-3-1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct-24-1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Randolph County Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John B. Matthews
13b. MOTHER'S MAIDEN NAME: Mary Jane Ash
14. NAME OF HUSBAND OR WIFE: Hettie Mallory

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: Mrs. Will Mallory Clark — ADDRESS: 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): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Decompensated Hypertensive Heart disease — 6 mo.
DUE TO (c): Arteriosclerosis — Unknown.

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: 443 X
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* 6-26, 1953, *to* _____, 19__, *that I last saw the deceased alive on* 6-26, 1953, *and that death occurred at* 300A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry J. Stewart 2 D.O.
23b. ADDRESS: Sturgeon, Mo
23c. DATE SIGNED: 2-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb-4-54
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
24d. LOCATION (City, town, or county) (State): East of Renick Mo.

DATE REC'D BY LOCAL REG.: 2-4-54
REGISTRAR'S SIGNATURE: Leah Williams Lowe 2 64
25. FUNERAL DIRECTOR'S SIGNATURE: Snow Funeral Home
ADDRESS: Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1954

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.