

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3986**

FILED MAR 9 1954

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia, Missouri	
c. LENGTH OF STAY (in this place) 11 yrs		d. STREET ADDRESS (If rural, give location) 216 S. Hickman	
d. FULL NAME OF HOSPITAL OR INSTITUTION 216 S. Hickman			

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) ISABELE	c. (Last) MATTHEWS	4. DATE OF DEATH (Month) (Day) (Year) Feb 28, 1954
-------------------------------------	-------------------------	----------------------------	---------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 25, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 5 Months	IF UNDER 1 YEAR 3 Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---------------------------------------	---	---------------------------------	-------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City and State or Foreign Country) Taylorville, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	---	--

13a. FATHER'S NAME Joshua Kelley	13b. MOTHER'S MAIDEN NAME Mary Reish	14. NAME OF HUSBAND OR WIFE W. E. 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. No	17. INFORMANT'S SIGNATURE OR NAME Mrs Frank Berry	ADDRESS Centralia, Mo.
--	-----------------------------------	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		DUE TO (b) Arteriosclerotic heart disease		1 hour
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arterial hypertension		unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial hypertension				unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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 May 3, 1945, to Feb. 28, 1954, that I last saw the deceased alive on Feb. 28, 1954, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Lachance M.D.	23b. ADDRESS Centralia, Mo.	23c. DATE SIGNED 3-3-54
--	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. Mar 4 - 1954	REGISTRAR'S SIGNATURE Maud Mc Bride	25. FUNERAL DIRECTOR'S SIGNATURE Bill P. Meador	ADDRESS Centralia, Missouri
--	--	--	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9 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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centuria, Missouri

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.