

No. 30
10.48

STANDARD CERTIFICATE OF DEATH

State File No. **9369**

BIRTH NO. **FILED MAR 17 1954** REG. DIST. NO. **201** PRIMARY REG. DIST. NO. **4315** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Macon Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) La Plata Town		c. CITY (If outside corporate limits, write RURAL and give township) La Plata (Tazewell) 0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home in LaPlata		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) James Samuel b. (Middle) Mathews c. (Last) Mathews		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28-54	
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct-17-1975	9. AGE (In years last birthday) 78	10 UNDER 1 YEAR Months 4 Days 11	11 UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (City, kind of work one during most of working life even if retired) Rail Rd. Labor.	10b. KIND OF BUSINESS OR INDUSTRY R.R. Truck Wash	11. BIRTHPLACE (State or foreign country) Macon Co. Mo.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Mathews	13b. MOTHER'S MAIDEN NAME Sarah Mae Callough	14. NAME OF HUSBAND OR WIFE U.S. Mathews
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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 487-14-6181	17. INFORMANT'S SIGNATURE OR NAME A. V. Mathews	18. ADDRESS LaPlata Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		30 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Arterio-sclerosis		10 years years
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	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) LaPlata Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Jan 16 1954** to **Feb 28 1954** that I last saw the deceased alive on **Feb 28, 1954**, and that death occurred at **8:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Delphus Gillet	23b. ADDRESS La Plata Mo	23c. DATE SIGNED Feb 28 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar-2-54	24c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery	24d. LOCATION (City, town, or county) (State) LaPlata Macon MO
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DATE REC'D BY LOCAL REG Mar 5 1954	REGISTRAR'S SIGNATURE Mrs. O. B. Griffin	FUNERAL DIRECTOR'S SIGNATURE D. G. Christie	ADDRESS LaPlata Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 3.10.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.54.33
Date Filed 3.12.54

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, ME

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata

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.