

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22217**

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 5132	Registrar's No. 778
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wayne		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Rural Wayne	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Rt. # 1, DeKalb, Mo.		e. STREET ADDRESS (If rural, give location) Rt. # 1, DeKalb, Mo.		
3. NAME OF DECEASED (Type or Print) CHESTER		a. (First) BURD	b. (Middle) MATTHEWS	c. (Last) MATTHEWS
4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1954		5. SEX Male 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 12-4-1910		
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		
11. BIRTHPLACE (City and State or Foreign Country) Halls, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Samuel Matthews		13b. MOTHER'S MAIDEN NAME Carrie Grace		14. NAME OF HUSBAND OR WIFE None
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. 497-12-2420		17. INFORMANT'S SIGNATURE OR NAME Carrie Matthews, Rt. # 1, DeKalb, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Crushing injuries of left chest wall, fractured ribs and puncture of left lung. II. OTHER SIGNIFICANT CONDITIONS Man was fatally injured when his tractor rolled over on him, while driving on a hillside.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH E 9:12 13
20. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) Wayne Buchanan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 13, 1954 9:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Man attempting to drive a tractor
22. I hereby certify that I attended the deceased from July 13, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 9:30 AM, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. F. Mandy (Coroner) M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 7/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-1954		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
24d. LOCATION (City, town, or county) (State) DeKalb, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE John E. Knap		
DATE REC'D BY LOCAL REG. July 14, 1954		REGISTRAR'S SIGNATURE Robert M. Allison		ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1954

AUG 9

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 398

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.