S. No. 300
v. 10.48

2

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

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22284

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY: Callaway ~~State Hospital #1,~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton, Mo.
c. LENGTH OF STAY (In this place): 1 Mo 11 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #1, Fulton, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY: Maries
c. CITY OR TOWN: Belle,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 06 30 1

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle): L.
c. (Last): Matthews

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: February 10, 1872
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: none.
11. BIRTHPLACE (City and State or Foreign Country): Bland, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel I. Matthews.
13b. MOTHER'S MAIDEN NAME: Ann Rogers
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): D.K.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: D.K.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records of State Hospital #1, Fulton, 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): Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis. — many years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 491 X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none 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* June 23, *19* 54, *to* July 28, *19* 54, *that I last saw the deceased alive on* June 23, *19* 54, *and that death occurred at* 12 a.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank J. Nichols (Degree or title) M.D.
23b. ADDRESS: State Hospital #1, Fulton, Mo.
23c. DATE SIGNED: 7-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July-31-1954
24c. NAME OF CEMETERY OR CREMATORY: Liberty cemetery
24d. LOCATION (City, town, or county) (State): Belle, Mo.

DATE REC'D BY LOCAL REG.: July-29-1954
REGISTRAR'S SIGNATURE: Maretta Lawrence
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25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Morton-Tackett Belle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed William B. Jackett

Licensed Embalmer No. 4661

P. O. Address Belle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.