

No. 300
10. 55

0210

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33318

State File No. _____

FILED OCT 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>1010</u>		PRIMARY REG. DIST. NO. <u>417</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ROTHVILLE Mo</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #9 ROTHVILLE Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Rt #1 ROTHVILLE, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u> b. (Middle) <u>GAINES</u> c. (Last) <u>MATHEWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-54</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 18, 1883</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	11. UNDER 100 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ROTHVILLE, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH KENNEDY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZA MADDOX</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA JEAN MATHEWS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES (11-AUG-18) (22 JULY 19)</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LAURA JEAN MATHEWS</u> ADDRESS <u>ROTHVILLE</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation & fibrillation</u> DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cardiac vascular accidents on 2 occasions</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1500</u>				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) m.		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 <u>1954</u> , to <u>1954</u> , that I last saw the deceased alive on <u>4 P. m.</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George J. [unclear]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Marceline Mo.</u>		23c. DATE SIGNED <u>10-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROTHVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ROTHVILLE, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 14-54</u>		REGISTRAR'S SIGNATURE <u>Maud Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[unclear]</u> ADDRESS <u>[unclear]</u>			

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

OCT 26 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

George F. Yarnwell

Licensed Embalmer No. 4425

P. O. Address Moraine, 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.