

No. 300  
10.48

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33696

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>4207</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blythedale</u>		c. LENGTH OF STAY (In this place) <u>75</u> years		c. CITY OR TOWN <u>Blythedale</u>		d. STREET ADDRESS (If rural, give location) <u>0410</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u> b. (Middle) ----- c. (Last) <u>Matson</u>				4. DATE OF DEATH October 7 1954 (Month) (Day) (Year)				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH October 26 1868		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		
12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Benjamin Matson</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite Stump</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Matson (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Archie Billups, Blythedale, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>7/14</u> , 19 <u>54</u> , to <u>10/7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/7</u> , 19 <u>54</u> , and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Francis S. Kow D. O.</u>				23b. ADDRESS <u>Eagleville, Missouri.</u>		23c. DATE SIGNED <u>10/8/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blythedale, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>10-16-1954</u>		REGISTRAR'S SIGNATURE <u>S. Phoe Shaw</u>		TOWNSHIP DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cainsville, Mo.</u>		

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

(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 embalmed by me, or by \_\_\_\_\_

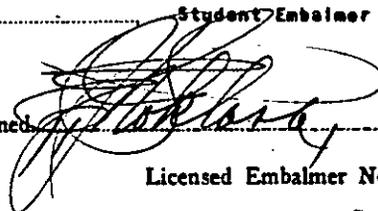
Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.