

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37073

State File No. \_\_\_\_\_  
Registrar's No. 1093

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1093	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: name and address) a. STATE MISSOURI b. COUNTY BOONE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN SCOLUMBIAR		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 102 1/2 W. WALNUT				e. STREET ADDRESS (If rural, give location) 11513. HARDING ST. 01051			
3. NAME OF DECEASED a. (First) JACKSON b. (Middle) c. (Last) MATTHEWS			4. DATE OF DEATH (Month) (Day) (Year) NOV. 30 1954				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 8 1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VETERINARY		10b. KIND OF BUSINESS OR INDUSTRY VETERINARY		11. BIRTHPLACE (City and State or Foreign Country) ORAN, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CALEB MATTHEWS		13b. MOTHER'S MAIDEN NAME AMY STEEL		14. NAME OF HUSBAND OR WIFE MABEL MATTHEWS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		(If yes, give war or dates of service) W.W. # 2		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MABEL MATTHEWS SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the brain  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.				INTERVAL BETWEEN ONSET AND DEATH 9 mo	
19a. DATE OF OPERATION June 2, 1954		19b. MAJOR FINDINGS OF OPERATION Cancer of the Brain				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)		21. HOW DID INJURY OCCUR	
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"/>					
22. I, hereby certify that I attended the deceased from Oct 1, 1954, to Nov 30, 1954, that I last saw the deceased alive on Nov 30, 1954, and that death occurred at 11 1/2 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Williamson, M.D.				23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 11-31-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/2/54	24c. NAME OF CEMETERY OR CREMATOR NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		
DATE REC'D BY LOCAL REG. 12-1-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	

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

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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 *Paul L. Lohmeyer*

Licensed Embalmer No. 407

P. O. Address *Spiegel*

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.