

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37163**

FILED NOV 16 1954

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **64**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Henry	b. CITY (If outside corporate limits, write RURAL and give township) Clinton	a. STATE Missouri	b. COUNTY St. Clair
c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Osceola	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General		e. STREET ADDRESS (If rural, give location) 0920	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) --	c. (Last) Mathews	4. DATE OF DEATH (Month) (Day) (Year) Nov; 7, 1954
--	---------------------------	--------------------------	-----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug, 20, 1861	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
------------------------------	---	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate	10b. KIND OF BUSINESS OR INDUSTRY Salesman	11. BIRTHPLACE (City and State or Foreign Country) St. Clair County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Lewis Mathews	13b. MOTHER'S MAIDEN NAME Ollie Harris	14. NAME OF HUSBAND OR WIFE ----
---	---	---

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. None	17. INFORMANT'S SIGNATURE OR NAME Eula Mathews, Osceola Missouri	ADDRESS
--	---	---	----------------

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		INTERVAL BETWEEN ONSET AND DEATH 24 Hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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. arterial sclerosis		20. AUTOPSY? 20 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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 Nov, 6, 1948, to Nov 7, 1954, that I last saw the deceased alive on Nov 7, 1954, and that death occurred at 5:40pm., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <i>James L. Smith M.D.</i>	23b. ADDRESS 106 S. Third	23c. DATE SIGNED 11/8/54
---	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-10-54	24c. NAME OF CEMETERY OR CREMATORY Iconium	24d. LOCATION (City, town, or county) (State) Iconium Missouri
---	-------------------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR Nov. 11 1954	REGISTRAR'S SIGNATURE <i>Florence Odair</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Landreel Lenore Bond</i>	ADDRESS
---	---	--	----------------

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul J. Juntore*.....

Licensed Embalmer No. *397*

P. O. Address *.....*

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