No. 300
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FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1856

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: NEW MADRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LILBOURN
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: NEW MADRID
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LILBOURN 0720
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print) a. (First): ALFRED b. (Middle): c. (Last): MATHWIS

4. DATE OF DEATH (Month) (Day) (Year): JAN-11-55

5. SEX: M. 2
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: MARCH-25-1887
9. AGE (In years last birthday): 68 — 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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): NEW MADRID. 0 MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ANTONY MATHWIS
13b. MOTHER'S MAIDEN NAME: UNK.
14. NAME OF HUSBAND OR WIFE: ANNIE MATHWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO.
16. SOCIAL SECURITY NO.: NO.
17. INFORMANT'S SIGNATURE OR NAME: Manuriva Fenchwell ADDRESS: New Madrid 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) Cerebral Hemorrhage-Rt. Side — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Essential Hypertension — 4 months
DUE TO (c) Arterio Sclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* nephrosis. — 3 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-21, 1954, *to* 1-11-, 1955, *that I last saw the deceased alive on* 1-11-, 1955, *and that death occurred at* 11:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: James O. Cameron (Degree or title): D.O.
23b. ADDRESS: Marston - Mo.
23c. DATE SIGNED: 1-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN-14-55
24c. NAME OF CEMETERY OR CREMATORY: SANDHILL
24d. LOCATION (City, town, or county) (State): NEW MADRID, MO.

DATE REC'D BY LOCAL REG.: 1-15-1955
REGISTRAR'S SIGNATURE: H. L. Ponder Deputy 218-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Richards Undl Co. New M

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address New Madrid, 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.