

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5524**

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 53044		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) Wheeling		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Wheeling		0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheeling Hosp. Wheeling Mo.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) WILLIAM		c. (Last) MATHEWS	
4. DATE OF DEATH February 5 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 28, 1882		9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Livingston County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Robert Mathews		13b. MOTHER'S MAIDEN NAME Mary Ann Forester	
14. NAME OF HUSBAND OR WIFE Lula Mae Mathews		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 ADDRESS Lula Mae Mathews; Wheeling, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Thrombosis				8 hrs	
ANTECEDENT CAUSES		DUE TO (b) Coronary Heart Disease				2 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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)		4201	
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 Apr 1950 , to Feb 5, 1955 , that I last saw the deceased alive on Feb 5, 1955 , and that death occurred at 5:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) W. B. Bryan M.D.				23b. ADDRESS Wheeling, Mo.		23c. DATE SIGNED 2-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-7-55		24c. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery Wheeling, (Liv.Co) Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3-8-55		REGISTRAR'S SIGNATURE Francis B. Neill M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo			

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 Joseph M. Gibson
Licensed Embalmer No. 4769

P. O. Address Chillicothe, 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.