

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12499

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY OR TOWN Aurora	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Aurora, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital		e. STREET ADDRESS (If rural, give location) 05510	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) JESS	b. (Middle)	c. (Last) Matts	April 14-1955

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 18-1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY SHOE STORE		11. BIRTHPLACE (City and State or Foreign Country) LAWRENCE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME T.J. Matts		13b. MOTHER'S MAIDEN NAME Elizabeth Amos		14. NAME OF HUSBAND OR WIFE Etta Matts	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 500-36-7377	17. INFORMANT'S SIGNATURE OR NAME Etta Matts		ADDRESS Aurora, Mo.	
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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) Infection (Died) Septic	DUPLICATE	DUPLICATE	DUPLICATE	4 months
*This does not mean the mode of dying, such as heart failure, asphyxia, 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.	DUPLICATE	DUPLICATE	if well
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUPLICATE	DUPLICATE	DUPLICATE	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
			092 X

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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 1955 to April 1955, that I last saw the deceased alive on April 14, 1955, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE C.P. Coyler M.D.	(Degree or title)	23b. ADDRESS Aurora, Mo.	23c. DATE SIGNED 4-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/55	24c. NAME OF CEMETERY OR CREMATORY Maple Park	24d. LOCATION (City, town, or county) (State) Aurora, Mo.
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DATE REC'D BY LOCAL REG. 4-16-1955	REGISTRAR'S SIGNATURE Ora M. Matts 157	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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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 Myself, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Osman L. Marsh

Licensed Embalmer No. 3813

P. O. Address Amos, N.C.

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.