

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **14716**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **568**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri</b> -- b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>2 wks</b>	c. CITY OR TOWN <b>Matneys Mill</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Metho. Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>Matneys Mill, Near Dearborn, Mo.</b>		0830	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>R.</b> c. (Last) <b>MATNEY</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAY 27, 1955</b>		
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>Dec 27, 1864</b>		
<b>9. AGE</b> (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Matneys Mill, Near Dearborn, Mo.</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Livestock breeder</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		

<b>13a. FATHER'S NAME</b> <b>William M. Matney</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Catherine Ann Bretz</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Alvertie Means Matney</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss Susan Matney, Daughter, Dearborn, Mo.</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral thrombosis</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial pneumonia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b>   <b>1 week</b>	
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<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from **May 16, 1955**, to **May 27, 1955**, that I last saw the deceased alive on **May 27, 1955**, and that death occurred at **8:35p** m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>Lucien W. Ide</b>		<b>23b. ADDRESS</b> <b>902 Edmond St., St. Joseph, Mo.</b>		<b>23c. DATE SIGNED</b> <b>6-8-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>		<b>24b. DATE</b> <b>May 30, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Davis Chapel Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Dearborn, Mo.</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>June 9, 1955</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Ernest M. Allison</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Meierhoffer-Fleeman, Inc., St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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.....  
*Raymond W. Mosche*

Licensed Embalmer No..... 44

P. O. Address.....  
*St. Joseph*

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.