

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

SHAFFER 21985
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4431 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>Mtn. View</u>		c. CITY OR TOWN <u>Mtn. View</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hannu</u>		e. STREET ADDRESS (If rural, give location) <u>NAPY TOWN 04610</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) <u>Burr</u> c. (Last) <u>Matthews</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept. 20-1901</u>
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>10</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Bly, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Julius Matthews</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY S. Emmert</u>		14. NAME OF HUSBAND OR WIFE <u>Aline Matthews</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Aline Matthews</u>		ADDRESS <u>Mt. View, Mo.</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Nephritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	
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) m.		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 <u>7-19-55</u> , 19 <u>55</u> to <u>7-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/21</u> , 19 <u>55</u> and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James R. Shaffer MD</u>		23b. ADDRESS <u>Mtn View Mo</u>	
23c. DATE SIGNED <u>7/29/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	
24b. DATE <u>7-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mackey</u>	
24d. LOCATION (City, town, or county) (State) <u>Pomona, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN</u>	
25. ADDRESS <u>Mt. View, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7/29/55</u>	
REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		126-0	

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.....
Signature of Student Embalmer

Signed *Joe P. Duncan*.....

Licensed Embalmer No. *432*

P. O. Address *W. H. Hill*

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.