

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25616**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 071 PRIMARY REG. DIST. NO. 3012 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Orriok, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>1 Week</b>		d. STREET ADDRESS (If rural, give location) <b>0 8 40 /</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Nelle</b> b. (Middle) <b>Matthews</b> c. (Last)			4. DATE OF DEATH (Month), (Day) (Year) <b>Aug. 25, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 17, 1877</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Orriok, Mo.</b>
			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Mason Coons</b>		13b. MOTHER'S MAIDEN NAME <b>Sidney Jane Taylor</b>	14. NAME OF HUSBAND OR WIFE <b>Roy Matthews</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Coons</b>	
		ADDRESS <b>10906 E 43 K. C.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
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 <b>Epilepsy - 331X</b>	
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) (Min)	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>Aug 4, 1955</u> to <u>Aug 25, 1955</u> , that I last saw the deceased alive on <u>Aug 25, 1955</u> , and that death occurred at <u>3:15 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. Danault M.D.</b>		23b. ADDRESS <b>Richmond</b>	23c. DATE SIGNED <b>8-26-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 27, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>South Point Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Orriok, Mo.</b>
DATE REC'D BY LOCAL REG. <b>8-29-55</b>	REGISTRAR'S SIGNATURE <b>Berlene Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Good</b>	
		ADDRESS <b>Orriok, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)



**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 Charles J. Tyle

Licensed Embalmer No. 4534

P. O. Address Liberty MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.