

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29487**

FILED OCT 8 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>864</u>			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD			c. LENGTH OF STAY (If in institution) 30 MIN.		c. CITY OR TOWN SPRINGFIELD		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 BURGE HOSPITAL				e. STREET ADDRESS (If rural, give location) 1205 SOUTH SCENIC DRIVE					
3. NAME OF DECEASED (Type or Print) a. (First) JEWELL			b. (Middle) DEAN		c. (Last) MATNEY		4. DATE OF DEATH (Month) (Day) (Year) OCT. 1, 1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 2, 1930		9. AGE (In years last birthday) Months Days Hours Min. 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY OWN HOUSE		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOE MEDLEY			13b. MOTHER'S MAIDEN NAME PEARL			14. NAME OF HUSBAND OR WIFE IVAN MATNEY			
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS IVAN MATNEY SPRINGFIELD, MO.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Severe hemorrhage ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe internal injuries DUE TO (c) External trauma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8164 26						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 2 1/2 hrs	
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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) E. HWYWAY 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 039 GREENE MISSOURI					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT. 1, 1955 1p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Two car accident hyway 66					
22. I hereby certify that I attended the deceased from Oct 1, 1955 to Oct 1, 1955 , that I last saw the deceased alive on Oct 1, 1955 , and that death occurred at 3:30pm , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Frank A. Lundstrom M.D.				23b. ADDRESS (all So. Glenstone) Springfield, Mo.			23c. DATE SIGNED Oct 3, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/4/55		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Mo.			
DATE REC'D BY LOCAL REG. 10-3-55		REGISTRAR'S SIGNATURE Edith Williams			ADDRESS SPRINGFIELD, MO.				

(Licensed Embalmer's Signature on Reverse Side)

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 *Lucian T. Swadlow*

Licensed Embalmer No. *J.S. 100*

P. O. Address *Spring*

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.