

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32345**

FILED OCT 17 1955

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5132		Registrar's No. 1096	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) Rt #2 Rushville, Wayne		c. LENGTH OF STAY (in this place) 15 Mo.		c. CITY OR TOWN Rushville		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 RR #2, Rushville				e. STREET ADDRESS (If rural, give location) Rt #2, Wayne Twsp.			
3. NAME OF DECEASED (Type or Print) a. (First) Deborah		b. (Middle) Jean		c. (Last) Matthews		4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 22, 1954	
9. AGE (In years last birthday) 15		10. IF UNDER 1 YEAR 19		11. IF UNDER 24 HRS. Hours		12. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John S. Matthews		13b. MOTHER'S MAIDEN NAME Shirley Sims		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John S. Matthews, Rushville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Skull Fractures ANTECEDENT CAUSES Atorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Baby was instantly killed when the door of an automobile came open and it fell to the ground alighting on its head.				INTERVAL BETWEEN ONSET AND DEATH 1 day.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8244 32		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Ground alighting on its head.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office, etc.) Home of farm home		21c. (CITY, TOWN, OR TOWNSHIP) Rushville Buchanan Mo.		(STATE)	
21d. TIME OF INJURY Oct 11th 1955 7:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tell from an automobile			
22. I hereby certify that I know the deceased one 10/11 , 19 55 , to 7:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy (Coroner)				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 10/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/14/55		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) BeKalb, Mo	
DATE REC'D BY LOCAL REG. Oct 14, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE John E. Ruff		ADDRESS St. Joseph	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, ~~on~~ by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Alvin E. Baza*

Licensed Embalmer No. *47*

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.