

FILED DEC 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39504**BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **6254** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne			
b. CITY OR TOWN Coldwater		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY OR TOWN Coldwater		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Coldwater, Mo.				e. STREET ADDRESS (If rural, give location) 3 miles west of Coldwater			
3. NAME OF DECEASED (Type or Print) a. (First) Cherokee b. (Middle) _____ c. (Last) Matthews			4. DATE OF DEATH Nov. 25, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 25, 1867		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 6 Days 0	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Jackson Smullen		13b. MOTHER'S MAIDEN NAME Louisa Milligan		14. NAME OF HUSBAND OR WIFE Joseph E. Matthews			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME John Matthews, Fredericktown, Mo. ADDRESS _____					
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma breast 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. 170X						INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
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)		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 Jan , 19 53 , to Nov 25 , 19 55 that I last saw the deceased alive on Nov 20 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. W. Delyene D.O.				23b. ADDRESS Fredericktown, Mo		23c. DATE SIGNED 11/26/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/27/55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Madison County, Mo.			
DATE REC'D BY LOCAL REG. Dec 8, 1955	REGISTRAR'S SIGNATURE Bella M. Ward		495-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home, Fredericktown, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

300
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 *Charles McQuay* _____

Licensed Embalmer No. *489*

P. O. Address *Friedrich*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**