No. 300
10.48

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

FILED FEB 9 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1695

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville Mo
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN: Carterville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Mo

0490

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Belle
c. (Last): Matthews

4. DATE OF DEATH (Month) (Day) (Year): 2-2-56

5. SEX: fe
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 11-23-1880
9. AGE (In years last birthday): 75 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Carterville Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Lynn
13b. MOTHER'S MAIDEN NAME: Julia Archer
14. NAME OF HUSBAND OR WIFE: Claude Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs W.V. Williams — **ADDRESS**: Ozark Lake

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 5 yrs
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: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan 1956 *to* 3 Feb 1956, *that I last saw the deceased alive on* 3 Feb 1956, *and that death occurred at* 945 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leroy Simmons (Degree or title): M.D.
23b. ADDRESS: Carterville Mo
23c. DATE SIGNED: 4 Feb 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-5-56
24c. NAME OF CEMETERY OR CREMATORY: Carterville Cem
24d. LOCATION (City, town, or county) (State): Carterville Mo

DATE REC'D BY LOCAL REG.: 2-4-56
REGISTRAR'S SIGNATURE: Ell Clinton
FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Jackson & Sons Carterville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 8 1956
Jasper County Health Office
County File Number 56-2-128
Date Filed FEB 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. Me

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 39

P. O. Address Sarcox

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