

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14100**

FILED MAY 7 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **5820** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Gideon-Rural</b>	c. LENGTH OF STAY (In this place) <b>6 Wks</b>	c. CITY OR TOWN <b>Matthews</b>	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 <b>1 1/2 Miles south</b>		e. STREET ADDRESS (If rural, give location) <b>R# 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Onal</b> b. (Middle) <b>Mae</b> c. (Last) <b>Metheny</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 22, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 8, 1920</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Humboldt, Tenn.</b>		12. COUNTRY OF WHAT CITIZENRY? <b>USA</b>

13a. FATHER'S NAME <b>Clinton Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Cecil Metheny</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cecil Metheny, Gideon, Missouri</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>No. Medical attendat</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>by all record death was</b>			
		DUE TO (c) <b>due to acute myocarditis.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>431x</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) m.		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Hedyguth, Coroner</b>		23b. ADDRESS <b>New Madrid, Mo.</b>		23c. DATE SIGNED <b>4/24/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/24/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rathan</b>	24d. LOCATION (City, town, or county) (State) <b>New Madrid, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-27-56</b>	REGISTRAR'S SIGNATURE <b>Mrs S L Harker</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richards Undertakings Co. New Madrid, Mo.</b>		

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

DATE RECEIVED APR 30 1956  
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 Thomas L. Roberts.....

Licensed Embalmer No. 488

P. O. Address New Madrid

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.