

No. 300
10.48

FILED JAN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41054**

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY OR TOWN <u>SULLIVAN</u>	c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>LEASBURG</u>	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 <u>NORTHSIDE HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>0281</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u> b. (Middle) <u>BELL</u> c. (Last) <u>(NONE) MATHEWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 21, 1894</u>	9. AGE (In years last birthday) <u>62</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>15</u>	if UNDER 4 HRS. Hours <u>1</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Birard, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm. Traffer</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Hatfield</u>	14. NAME OF HUSBAND OR WIFE <u>LAWRENCE MATHEWS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LAWRENCE MATHEWS</u>	ADDRESS <u>LEASBURG MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Embolism of left middle cerebral artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cause unknown</u>		
	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	<u>332x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 29, 1956, to Dec 26, 1956, that I last saw the deceased alive on Dec 25, 1956 and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Cott</u>	(Degree or title) <u>Dr. Sullivan, MD</u>	23b. ADDRESS <u>Leasburg, Mo.</u>	23c. DATE SIGNED <u>12-27-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 28 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sea View</u>	24d. LOCATION (City, town, or county) (State) <u>Leasburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 27-56</u>	REGISTRAR'S SIGNATURE <u>James G. Smyth</u>	25. EMERALD DIRECTOR'S SIGNATURE <u>Paul H. Cott</u>	ADDRESS <u>Leasburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1958

APR 12 1958

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..... [Handwritten Signature]

Licensed Embalmer No. 3472

P. O. Address [Handwritten Address]

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.