

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

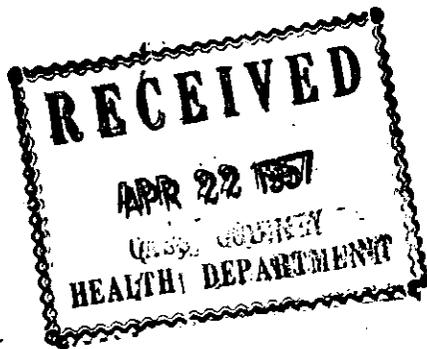
12453

State File No.

FILED APR 25 1957

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4104</u>		Registrar's No. <u>55</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Line Mo.</u>		c. LENGTH OF STAY (in this place) <u>Many years</u>		c. CITY OR TOWN <u>West Line Mo.</u>		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 <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>0170</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROXIE</u> b. (Middle) <u>ANNA</u> c. (Last) <u>MATHEWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-15-1957</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb. 3 - 1884</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Robinson Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elijah Daniel Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Dorah Ellen Chandler</u>		14. NAME OF HUSBAND OR WIFE <u>William Mathews</u>			
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 ADDRESS <u>Mrs. J. L. Brown West Line Mo</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIOVASCULAR COLLAPSE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive B. L. Hemorrhage</u> DUE TO (c) <u>CARCINOMA OF LIVER & G.B.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155x</u>				20. AUTOPSY? <u>2</u> 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 <u>4/13/1957</u> , to <u>4/15/1957</u> , that I last saw the deceased alive on <u>4/15/1957</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. Marsh D.O.</u>				23b. ADDRESS <u>Drexel, Mo.</u>		23c. DATE SIGNED <u>4/16/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 17-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edenwild Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near West Line Mo</u>		
DATE REC'D BY LOCAL REG. <u>April 17, 1957</u>		REGISTRAR'S SIGNATURE <u>Dotie Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. E. Myers Cleveland Mo</u>				

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



1957 I 7001

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 *Geo. C. Myers*

Licensed Embalmer No. *2517*

P. O. Address *Cleveland, Ohio*

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.