

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35469

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1036-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mt Vernon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Johns Hosp</u> Length of stay in 1b <u>6 days</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 2 Mt Vernon</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Bertha Ethel Matthews</u> First Middle Last		4. DATE OF DEATH <u>Oct-23-1957</u> Month Day Year	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb-10-1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	9c. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	10c. BIRTHPLACE (City and state or country) <u>Lawrence Co, Mo</u> 10d. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William T Swearingen</u>		14. MOTHER'S MAIDEN NAME <u>Betty Fowler</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>--</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-40489</u>	
17. INFORMANT <u>Kenneth Matthews</u> Address <u>Mt Vernon Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RUPTURE OF RIGHT ATRIUM WITH CARDIAC TAMPONADE, CAUSE UNDETERMINED.</u> DUE TO (b) _____ DUE TO (c) _____ 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE WITH RECENT CARDIAC INSUFFICIENCY (ACUTE PULMONARY EDEMA)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES.</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>10-18-57</u> to <u>10-23-57</u> and last saw <u>not him</u> alive on <u>10/23/57</u> Death occurred at <u>5:15 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edmond T. [unclear]</u> (Degree or title)		22b. ADDRESS <u>M.D. 609 Cherry-Springfield, Mo.</u>	22c. DATE SIGNED <u>10-25-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct-26-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clark Prairie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo</u>
24. FUNERAL DIRECTOR <u>Max L Fossitt</u> ADDRESS <u>Mt Vernon Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-29-57</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>

(Licensed Embalmer's Statement on Reverse Side)

Health & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Max L. Fossett*
Licensed Embalmer No. *412*

P. O. Address *Mt. Vernon*

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