

Health,
Welfare
Public
Service

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005048

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 5

300
-57

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Gasconade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Owensville</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>At home in Owensville</u>		Length of stay in lb <u>32</u> Yr.	d. STREET ADDRESS <u>None</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>ALLEN</u> Last <u>MATTHEWS</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>4</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Nov. 25 1866</u>	9. AGE (In years last birthday) <u>91</u> Months <u>2</u> Days <u>9</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black smith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Black smith</u>	11. BIRTHPLACE (City and state or country) <u>Texas County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nicholas Matthews</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Laura E. Matthews</u>	
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. <u>None</u>	17. INFORMANT Address <u>Walter Matthews Owensville 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>Arterial Sclerotic Heart Dis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>and General Arterial Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <u>Carcinoma of Penis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</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 _____ o.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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>Jan 1</u> to <u>PM 2-4-58</u> and last saw her alive on <u>2-2-58</u> Death occurred at <u>Feb 4</u> <u>10:35</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Charles A. Hunt</u> (Degree or title)			22b. ADDRESS <u>Gerald</u>		22c. DATE SIGNED <u>2-6-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 7 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Owensville Mo.</u>
24. FUNERAL DIRECTOR <u>Millard H. Winter</u> ADDRESS <u>Owensville</u>			25. DATE RECD. BY LOCAL REG. <u>Feb. 7, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Japprey</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no cause related. All diseases in Part I must be causally related.

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