

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028049

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mansfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Seymour 1120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mansfield Hosp.		Length of stay in lb 8 Days	d. STREET ADDRESS (If outside, give location) Davis St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Clarence O Matney			4. DATE OF DEATH Month Day Year June 23-1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan-26-1878	9. AGE (In years (In years of birthday)) 80 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 4 Days 27 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Seymour, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Izack Matney			14. MOTHER'S MAIDEN NAME Viney Copley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No		16. SOCIAL SECURITY NO. 497-30-2689	17. INFORMANT Mary L. Hunt Address Seymour, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Advanced arterial Nephrosclerosis</u>	
		DUE TO (c) <u>Arteriosclerosis</u> 446X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			

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>June - 1-57</u> , to <u>June 23/58</u> and last saw <sup>her</sup> <u>alive</u> on <u>June 22/58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. R. Gile D.O. 2</u>			22b. ADDRESS <u>Seymour</u>		22c. DATE SIGNED <u>7/2/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-25-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Star Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Webster Co, Missouri.</u>	
24. FUNERAL DIRECTOR Gorden Conner ADDRESS Seymour, Mo.			25. DATE RECD. BY LOCAL REG. <u>7/23/58</u>	26. REGISTRAR'S SIGNATURE <u>Stan Bush</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All symptoms 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

County File Number  
Date Filed 8-1-1958

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 *W. H. Ferrell* \_\_\_\_\_

Licensed Embalmer No. *48*

P. O. Address *Mansfield*

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.