

Health,
L. Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033486
STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 41

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. *DR. SLAUGHTER, M.D.*

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FREDERICKTOWN 0621
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 804 ANDREWS ST.		Length of stay in lb 77 YRS.	d. STREET ADDRESS (If outside, give location) 804 ANDREWS ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN FRANKLIN MATTHEWS			4. DATE OF DEATH Month Day Year OCT. 5, 1958
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 7, 1879
9. AGE (In years less birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) MADISON COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME GEORGE W. MATTHEWS		13b. MOTHER'S MAIDEN NAME ELLEN E. BURKS	14. NAME OF HUSBAND OR WIFE ANNIE A. MATTHEWS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 487-18-6483	17. INFORMANT Address MRS. ANNIE MATTHEWS, FREDERICKTOWN MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Parkinson's disease			INTERVAL BETWEEN ONSET AND DEATH 9 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			350X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 years to Oct 5 1958 and last saw him alive on Oct 4 1958 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) <i>Dr. Slaughter, M.D.</i>		22b. ADDRESS 135 W Main Fredericktown	22c. DATE SIGNED 10-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/7/58	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.
24. FUNERAL DIRECTOR NAJIM FUNERAL HOME, FREDERICKTOWN MO.		25. DATE RECD. BY LOCAL REG. 10-7-1958	26. REGISTRAR'S SIGNATURE <i>Therence Heaps</i>

WADISON COUNTY
FREDERICKTO
RECEIVED
OCT 14
FILE NO 1058

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 Charles M. [Signature]

Licensed Embalmer No. 4852
P. O. Address Fredricks town, Md

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.