Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001987
STATE FILE NUMBER

REC'D JAN 19 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Bedford Twp — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Length of stay in 1b: 20yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Troy (570) — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Sydnorville Dist. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Victoria Middle: Elizabeth Last: Matthews

4. DATE OF DEATH Month: Jan. Day: 7, Year: 1959

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: Sept.1,1902

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Columbia, Tenn. 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas James

13b. MOTHER'S MAIDEN NAME: Mary Ann Crump

14. NAME OF HUSBAND OR WIFE: Elbert Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mary Anderson, Troy, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorraghe — INTERVAL BETWEEN ONSET AND DEATH: Approx 1 hr,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Alcoholism
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 3 31X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 12:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jacob J. Marsh (Degree or title) Coroner 3

22b. ADDRESS: Troy, Missouri

22c. DATE SIGNED: 1/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/10.59

23c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery

23d. LOCATION (City, town, or county) (State): Troy, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Funeral Home Troy, Mo.

25. DATE RECD. BY LOCAL REG.: 1-12-1959

26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 17 1959

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, xxxx....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.