THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-002293

REC'D FEB 3 1959

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Chamois Crangford Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home Chamois RD — Length of stay in Ib: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Osage
c. CITY OR TOWN: Chamois 0760 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Louise Last: Matthews

4. DATE OF DEATH Month: Jan Day: 24 Year: 1959

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 7 1866

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 5 Days 17 — 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: home maker

11. BIRTHPLACE (City and state or country): Osage County

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Frank Stonner

13b. MOTHER'S MAIDEN NAME: Caroline Meyers

14. NAME OF HUSBAND OR WIFE: Green Matthews Dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Alton Matthews Address: Chamois, Mo

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): Cardio Vascular Renal disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized Arthro-Sclerosis

DUE TO (c): Senility

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1935, to 1-24-59 and last saw her alive on 1-24-59

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): Ira V. McKelly M.D.

22b. ADDRESS: 507 East High St Jefferson City

22c. DATE SIGNED: 1-26-59

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

23b. DATE: 1/27/59

23c. NAME OF CEMETERY OR CREMATORY: Harris Cemetery

23d. LOCATION (City, town, or county) (State): Chamois Mo RFD

24. FUNERAL DIRECTOR: Clyde Mortob Address: Linn

25. DATE RECD. BY LOCAL REG.: Jan 29 1959

26. REGISTRAR'S SIGNATURE: Mrs. T. A. Dubromillet

(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.

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 Vernon M- Morton

Licensed Embalmer No. 4125

P. O. Address [illegible]

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.