Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006085
STATE FILE NUMBER

FILED MAR 4 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER
b. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN JOPLIN c 495 c — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 719 WEST 3RD ST. — Length of stay in 1b 35 YRS	d. STREET ADDRESS (If outside, give location) 719 WEST 3RD ST. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
WILLIAM	PRICE	MATNEY	FEBRUARY 19, 1959

5. SEX	6. COLOR OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M U	W		OCT. 31, 1891	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
HEATING SUPERVISOR	GAS SERVICE CO.	PINEVILLE, MO. C	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
CHARLES MATNEY	ELIZA PRICE	PEARL A. MATNEY

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.	17. INFORMANT	Address
YES	W.W.I	UNK	MRS. PEARL A. MATNEY	719 W. 3RD ST.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Emphysema	9 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Asthma	9 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241X

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 Joplin, COUNTY Jasper, STATE Missouri

21. I attended the deceased from 1-27-50, to 2-19-59 and last saw her/him alive on 2-19-59
Death occurred at 2:30 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Kuhn, Jr., M. D. (Degree or title) C

22b. ADDRESS 321 Frisco Building, Joplin, Mo.

22c. DATE SIGNED 2-21-59

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

23b. DATE 2-21-59

23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,

23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.

25. DATE RECD. BY LOCAL REG. 2-28-59

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS MAR 6 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, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.