

Health,
& Welfare
S. Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026934

STATE FILE NUMBER

FILED VS JUL 24 1959

Registration District No. Primary Registration District No. Registrar No. 6104

S. 300

v. 1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Chouteau Township |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) R. R. #1 E. Alton |
| 3. NAME OF DECEASED (Type or print) First Middle Last LEE NMN MATHEWSON | | | 4. DATE OF DEATH Month Day Year JUNE 26, 1959 |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White <input checked="" type="checkbox"/> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 17, 1910 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Alton State Hosp. | 9. AGE (In years last birthday) 48 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. |
| 11. BIRTHPLACE (City and state or country) Bushnell, Illinois | | 12. CITIZEN OF WHAT COUNTRY? Yes | |
| 13a. FATHER'S NAME Charles Mathewson | | 13b. MOTHER'S MAIDEN NAME Hanna Dietz | 14. NAME OF HUSBAND OR WIFE Virginia Mathewson |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Virginia Mathewson Chouteau Township |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF RIGHT LUNG | | | INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 1634 |
| 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 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 JUNE 17, 1959 to JUNE 26, 1959 and last saw her alive on JUNE 26, 1959 Death occurred at 2:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. J. Nemillion, M.D. | | 22b. ADDRESS BARNES HOSPITAL | 22c. DATE SIGNED 6/26/59 |
| 23a. PORTAL REMOVAL (Specify) Removal | 23b. DATE 6/29/59 | 23c. NAME OF CEMETERY OR CREMATORY Wanda Cemetery | 23d. LOCATION (City, town, or county) (State) Madison Township, Ill. |
| 24. FUNERAL DIRECTOR ADDRESS WEBER Funeral Home, Edwardsville, Ill. | | 25. DATE RECD. BY LOCAL REG. 6-26-1959 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |

