

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029507

FILED VS SEP 9 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 419

STATE FILE NUMBER

DED

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b ALWAYS		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 615 PERSIMMON			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 615 PERSIMMON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle ELAM Last MATTHEWS				4. DATE OF DEATH Month AUGUST Day 25 , Year 1959					
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-12-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) JOPLIN, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JOHN ELAM			13b. MOTHER'S MAIDEN NAME MINERVA JOSEPHINE COX			14. NAME OF HUSBAND OR WIFE DEC'D WALLACE MATTHEWS, 1938			
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.		17. INFORMANT DAU- MISS MILORED MATTHEWS, PERSIMMON Address 615				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 6 years		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. Month, Day, Year _____									
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 7-9-59 to 8-25-59 and last saw her/him alive on 8-25-59 Death occurred at 6:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. H. Hamilton</i> (Degree or title) M.D.			22b. ADDRESS E. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG 25th & Jackson			22c. DATE SIGNED 8-27-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-28-59	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY, WEBB CITY, MO.						
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS			25. DATE RECD. BY LOCAL REG. 9-3-1959		26. REGISTRAR'S SIGNATURE <i>Noto Williams</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 21 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
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 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.