

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024631

STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 5372 Registrar's No. 67

FILED JUL 17 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Dent County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Watkins TWP.</u> | | c. CITY OR TOWN <u>Lenox, Missouri</u> | |
| Length of stay in 1b <u>10 yr</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lenox, Mo. Watkins TWP.</u> | | d. STREET ADDRESS (If outside, give location) <u>Lenox, Missouri</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>May</u> Middle <u>Pearl</u> Last <u>Matlock</u> | 4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1961</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-2-1876</u> | 9. AGE (last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>house keeping</u> | 11. BIRTHPLACE (City and state or country) <u>Nevada, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Robert L. Willson</u> | 13b. MOTHER'S MAIDEN NAME <u>Agnes Biekett</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs Harvey Gibbs Salem, Missouri</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT <u>Mrs Harvey Gibbs Salem, Missouri</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> |
| DUE TO (b) <u>congestive heart disease</u> | | |
| DUE TO (c) <u>Hypertension + cardiac vasculor renal disease</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u> | | 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 |

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| 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.) |
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| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1959 to 1961 and last saw her him alive on July 9, 1961
Death occurred at 2:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>B. J. Myers D.O.</u> (Degree or title) | 22b. ADDRESS <u>Licking, Mo.</u> | 22c. DATE SIGNED <u>7-12-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>July 12, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Herman Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>SPENCER FUNERAL HOME INC. SALEM, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>7/11/61</u> | 26. REGISTRAR'S SIGNATURE <u>M. M. Clark, M.D.</u> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Carl H. Spurr

Licensed Embalmer No. 237

P. O. Address Salem

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.