

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035590

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 40

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 9 1962

VS 300
Rev. 4/59

1 0760

2 0760

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Township		Length of stay in lb	c. CITY OR TOWN Linn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR IN INSTITUTION Hospital in Jefferson City, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R # 1
3. NAME OF DECEASED (Type or print) First DONALD Middle EDGAR Last MATTHEWS		4. DATE OF DEATH Month OCT Day 6 Year 1962	
5. SEX Male	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10 July 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Administrator retired		10b. KIND OF BUSINESS OR INDUSTRY Missouri Public Schools -- Near Linn, Mo.	9. AGE (last birthday) 69
13a. FATHER'S NAME Walker Matthews		13b. MOTHER'S MAIDEN NAME Belle Agee	12. CITIZEN OF WHAT COUNTRY USA
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.	14. NAME OF HUSBAND OR WIFE Esther F. Lemmel
17. INFORMANT D. B. Matthews, 1620 S. Park		Address Springfield, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease			
DUE TO (c) Generalized arterio-sclerosis			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 4-10-52 to 10-3-62 and last saw her/him alive on 10-3-62 . Death occurred at 1:15 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. U. McFally M.D.		22b. ADDRESS	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 9, 1962	23c. NAME OF CEMETERY OR CREMATORY Agee Cemetery	23d. LOCATION (City, town, or county) (State) Osage County, Mo.
24. FUNERAL DIRECTOR Morton Funeral Service, Inc. Linn, Mo.		25. DATE RECD. BY LOCAL REG. 10-7-62	26. REGISTRAR'S SIGNATURE Mrs. Clyde Merton

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 Linn, 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.