

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041918

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 35 Primary Registration District No. 3011 Registrar's No. 151

STATE FILE NUMBER

FILED DEC 10 1962

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **Carroll**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Carroll**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Carrollton** Length of stay in lb **54 yrs.**

c. CITY OR TOWN **Carrollton** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **704 E. Benton** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **206 E. Benton** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
CHARLES FRANKLIN MATTHEWS

4. DATE OF DEATH Month Day Year
Dec. 4 1962

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **3/14/1881** 9. AGE (last birthday) **81**

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) **Maintenance Man**

10b. KIND OF BUSINESS OR INDUSTRY **State Highway**

11. BIRTHPLACE (City and state or country) **Delphi, Ind.**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **George A. Matthews** 13b. MOTHER'S MAIDEN NAME **Carolyn Jackson** 14. NAME OF HUSBAND OR WIFE **Myrtle Webb Matthews**

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 Address **Mrs. Della Roberts, Carrollton, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Pneumonia** INTERVAL BETWEEN ONSET AND DEATH **2-3 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerosis obliterans** **2-3 yrs.**

DUE TO (c) **Bath leg**

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 COUNTY STATE

21. I attended the deceased from **7-7-62** to **12-3-62** and last saw him alive on **12-3-62**

Death occurred at **2:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **William S. Evers D.O.** 22b. ADDRESS **Carrollton Mo.** 22c. DATE SIGNED **12-5-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12/7/1962** 23c. NAME OF CEMETERY OR CREMATORY **Rock Branch Cem.** 23d. LOCATION (City, town, or county) (State) **Carroll County Mo.**

24. FUNERAL DIRECTOR ADDRESS **Gibson Funeral Home, Carrollton, Mo.** 25. DATE RECD. BY LOCAL REG. **12-8-62** 26. REGISTRAR'S SIGNATURE **Ann Calvert Hill Morris**

DEC 18 1962

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 James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.