

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047645

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. \_\_\_\_\_ Registrar's No. 194

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6610  
3610

3  
4 0  
5 2  
6  
7 0  
8 0

94200  
10  
11  
12 90-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 21 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Macon</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hudson Township</u> Length of stay in 1b <u>2 wks</u></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. Macon</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u></p> <p>c. CITY OR TOWN <u>R.R. Macon</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>R.R. Macon</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Isreal Thomas Matthews</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>Dec. 12, 1962</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Oct. 22, 1881</u></p>
<p>9. AGE (last birthday) <u>81</u></p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Macon County, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>J.G. Matthews</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gee</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Doc</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p>16. SOCIAL SECURITY NO. <u>No.</u></p>
<p>17. INFORMANT <u>Mrs. Marion Gibson</u></p>	<p>Address <u>Macon, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> <u>unknown</u></p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE _____</p>	
<p>21. I attended the deceased from <u>11-28-62</u> to <u>12-12-62</u> and last saw him alive on <u>12-12-62</u></p> <p>Death occurred at <u>2:00</u> <u>A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Caret. Parker M.D.</u></p>	<p>22b. ADDRESS <u>Macon, Mo.</u></p>
<p>22c. DATE SIGNED <u>12/13/62</u> (State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>Dec. 14, 1962</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cem.</u></p>	<p>23d. LOCATION (City, town, or county) <u>Macon County, Mo.</u></p>
<p>24. FUNERAL DIRECTOR <u>Lester Sutton</u></p>	<p>ADDRESS <u>Macon, Mo.</u></p>
<p>25. DATE RECD. BY LOCAL REG. <u>12/17/62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Ruth Neely</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Charles L. Gutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.