

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025041

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 202 Primary Registration District No. 3041 Registrar's No. 84

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 25 1963

VS-300
Rev. 4/59

DATE AMENDED

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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: | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Macon</u> | | a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u> | | c. CITY OR TOWN <u>Macon</u> | |
| Length of stay in lb <u>22 Days</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>112 W. 4th. St.</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Tena Belle Matkin</u> | | | 4. DATE OF DEATH Month Day Year <u>June 2. 1963</u> |
| 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>3/11/1882</u> |
| 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Macon County Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>James A. Mason</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Lura Phipps</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dec.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of serv) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | |
| 17. INFORMANT <u>Woodsey Matkin</u> | | Address <u>Macon. Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH <u>22 Days</u> |
| IMMEDIATE CAUSE (a) <u>myocardial infarction</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | | | |
| DUE TO (c) | | | |
| 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 <u>5-11-63</u> to <u>6-2-63</u> and last saw her ^{her} alive on <u>6-2-63</u> | | | |
| Death occurred at <u>2:00</u> <u>A</u> .m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Carl T. Rinber M.D.</u> | | 22b. ADDRESS <u>Macon, Mo</u> | 22c. DATE SIGNED <u>6/20/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>June 4, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u> | 23d. LOCATION (City, town, or county) <u>Macon Mo.</u> |
| 24. GENERAL DIRECTOR <u>Lester Skuttow</u> | ADDRESS <u>Macon, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>6-21-63</u> | 26. REGISTRAR'S SIGNATURE <u>Clara M. Guly, Registrar</u> |

JUN 2 1961

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 S. Hutton

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.