

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7971**

FILED MAR 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4218** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (in this place) <b>48 years</b>	c. CITY OR TOWN <b>Windsor</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>R.F.D. # 4</b> <b>0429</b>	
3. NAME OF DECEASED (Type or Print) <b>LOU</b>		a. (First) <b>ADDIE</b>	b. (Middle) <b>MATTHEWS</b>
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 3, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 23, 1870</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lecton, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William J. Gill</b>	13b. MOTHER'S MAIDEN NAME <b>Alpha Ella Chapman</b>
14. NAME OF HUSBAND OR WIFE <b>James R. Matthews</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John Bird</b>		ADDRESS <b>R4, Windsor, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cardiac reorganization</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic myocarditis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		<b>4222</b>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 1, 1955</b> , to <b>March 3, 1955</b> , that I last saw the deceased alive on <b>3-3</b> , 19 <b>55</b> , and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Ray B. Jordan</b>		(Degree or title) <b>Med. Windsor Mo</b>	23b. ADDRESS <b>Windsor Mo</b>
23c. DATE SIGNED <b>3-3-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-5-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	24d. LOCATION (City, town, or county) (State) <b>Windsor Missouri</b>
DATE REC'D BY LOCAL REG <b>Mar-3-55</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	4222	25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b> ADDRESS <b>Windsor, Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955

MAR 10 1955

JUL 11 1955

MAR 20 1955

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 *William M. Turner*.....

Licensed Embalmer No. *468*.....

P. O. Address *Hinds*.....

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.