

CERTIFICATE OF DEATH

68 0044763

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 254

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. <u>FRANK Lester MATTHEWS</u>						2. <u>MALE</u>	3. <u>November 5, 1968</u>			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH		
4. <u>White</u>			5a. <u>93</u>	5b. <u></u>	5c. <u></u>	6. <u>August 11, 1875</u>		7a. <u>Henry</u>		
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. <u>CLINTON</u>				7c. <u>Yes</u>		7d. <u>Town and Country Nursing Home EAST CHIO ST. CLINTON, MISSOURI</u>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>Missouri</u>			9. <u>U.S.A.</u>			10. <u>Widowed</u>		11. <u>NONE</u>		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY				
12. <u>491-01-0605</u>			13a. <u>Retired Insurance Agent</u>			13b. <u>Insurance</u>				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>CLINTON</u>		14d. <u>Yes</u>		14e. <u>608 So. 2nd.</u>			
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME				
15. <u>Luther MATTHEWS</u>						16. <u>Nim Murphy MATTHEWS</u>				
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. <u>Mrs. Ernest Wills</u>					17b. <u>608 So 2nd Clinton, Missouri</u>					
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18.		(a) <u>Myocardial Infarction</u>						<u>Instant</u>		
DUE TO, OR AS A CONSEQUENCE OF:		(b) <u>Arteriosclerotic Heart Disease</u>						<u>3 years</u>		
DUE TO, OR AS A CONSEQUENCE OF:		(c) <u></u>								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST										
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							ALTOGETHER (YES OR NO?)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO?)		
							19a. <u>NO</u>	19b. <u>NO</u>		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)							
20a. <u></u>	20b. <u></u>	20c. <u></u>	20d. <u></u>							
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)							
21a. <u></u>	21b. <u></u>	21c. <u></u>	21d. <u></u>							
CERTIFICATION—PHYSICIANS:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID / DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u></u>		6	11	65	11	5	68	21b. <u></u>	21c. <u>Yes</u>	21d. <u>11:30 AM</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER; ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.										
22a. <u></u>										
CERTIFIER—NAME (TYPE OR PRINT)					SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)			
23a. <u>W.D. BRADSHAW, M.D.</u>					23b. <u>W.D. Bradshaw, M.D.</u>	<u>M.D.</u>	23c. <u>11-9-68</u>			
MAILING ADDRESS—CERTIFIER					STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP		
24a. <u>114 W. JEFFERSON</u>					<u>CLINTON</u>	<u>MO.</u>	24b. <u>64735</u>			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION					
25a. <u>Burial</u>		25b. <u>MT. Hope Cemetery</u>			25c. <u>Joplin Missouri</u>					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
26a. <u>Nov. 7, 1968</u>		26b. <u>R.E. Nichols Chapel Box 428 Clinton, Missouri</u>								
FUNERAL DIRECTOR—SIGNATURE					REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
27a. <u>R.E. Nichols</u>					27b. <u>Mildred Bigum</u>		27c. <u>Nov 13, 1968</u>			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 0
10a. 93
10b.
11. 0
12. 2
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 R. E. Noble

Licensed Embalmer No. 4997
P. O. Address Clinton, Md.

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.