

FILED FEB 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 760

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3078 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem	
c. LENGTH OF STAY (in this place) 15 years		d. STREET ADDRESS (If rural, give location) East Salem	
d. FULL NAME OF HOSPITAL OR INSTITUTION East Salem			

3. NAME OF DECEASED (Type or Print) HARVEY HENDERSON MATLOCK			4. DATE OF DEATH (Month) (Day) (Year) 1-22-1949			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Carmelia E. Medlock	8. DATE OF BIRTH Aug 5-1868	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR Months 5	11. IF UNDER 12 HRS. Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTH PLACE (State or foreign country) Dent Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathaniel Matlock		13b. MOTHER'S MAIDEN NAME Lucy Medlock		14. NAME OF HUSBAND OR WIFE Carmelia E. Matlock	
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. No		17. INFORMANT'S SIGNATURE OR NAME Carmelia E. Matlock	
				ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of larynx ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Unrelieved	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Halt					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2	

22. I hereby certify that I attended the deceased from 1-20, 1949, to 1-22, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Jas. D. Luc... D.D.		23b. ADDRESS Salem, Mo		23c. DATE SIGNED 1-22-49	
24a. BURIAL, CREMATION, REMOVAL, OR OTHER		24b. DATE 1-24-49		24c. NAME OF CEMETERY OR CREMATORY Green Forest	
				24d. LOCATION (City, town, or county) (State) Near Salem, Mo.	
DATE REC'D BY LOCAL REG. 1-24-49		REGISTRAR'S SIGNATURE M.M. Hart M.D. 83		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.L. Grantham Salem, Mo	

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

RECEIVED 2-1-49
District Health Officer No. 1
District File Number 2493
Date Filed 2-2-49

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
Student Embalmer

Signed Edward F. Boyles

Licensed Embalmer No. 4553

P. O. Address Salem 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 this body is not embalmed, fact should be so stated above.