

FILED MAR 23 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9710

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence (before admission)) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Perry Twp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Perry Twp.</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>Route 1 Bonne Terre</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R.I. Bonne Terre Mo</i>			
3. NAME OF DECEASED (Type or Print) <i>MATILDA</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 12, 1949</i>	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>April 2, 1868</i>	
9. AGE (In years) (last birthday) <i>80</i>		10. IF UNDER 1 YEAR (Days) (Hours) (Min.) <i>11 10</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. BIRTHPLACE (State or foreign country) <i>Bellview Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.C.</i>	
13a. FATHER'S NAME <i>John W. Guyton</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane Burr</i>	
14. NAME OF HUSBAND OR WIFE <i>George S. Berry</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs James Ruff R.I. Bonne Terre Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Permeious Anemia</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <i>5-27</i>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>unknown</i>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>	
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) (Min.)		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 <i>Nov - 1, 1948</i> , to <i>Mar - 12, 1949</i> , that I last saw the deceased alive on <i>Mar 1, 1949</i> , and that death occurred, at <i>11:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>R.L. Evans MD</i>		23b. ADDRESS <i>Bonne Terre Mo</i>	
23c. DATE SIGNED <i>3-16-49</i>			
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <i>March 15, 1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>B.V. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Bonne Terre Mo</i>	
DATE REC'D BY LOCAL REG. <i>Mar. 16, 1949</i>		REGISTRAR'S SIGNATURE <i>Ether Rudolph</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Benjamin G. Bond</i>		ADDRESS <i>Bonne Terre Mo</i>	

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

RECEIVED

Director Health Officer No. 4

District File Number 349-401

Date Filed 3-21-49

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Barrow, Alaska

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.