

P. No. 300
EV. 10.48

FILED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30590**

BIRTH NO.		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>6263</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> <u>1120</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> <u>1120</u>			
b. CITY OR TOWN <u>Rural Finley</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>RURAL Finley</u> <u>0</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>MATNEY</u> c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-52</u>			
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4-19-1866</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>8</u> DAYS <u>25</u> HOURS <u>0</u> MIN.		11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER COUNTY MO</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		13a. FATHER'S NAME <u>ELIAS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN COPLEY</u>	
13c. NAME OF HUSBAND OR WIFE <u>SARAH</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ELMER MATNEY SEYMOUR MO</u>		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME	
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>senility</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>4-6</u> , 19 <u>48</u> , to <u>8-25</u> , 19 <u>52</u> that I last saw the deceased alive on <u>3</u> 19 <u>52</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. G. Jones</u> (Degree or title)				23b. ADDRESS <u>Seymour, Mo.</u>		23c. DATE SIGNED <u>9-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STARR</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER MO</u>	
DATE REC'D BY LOCAL REG. <u>9-2-52</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> <u>343-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KK Kelley - Seymour, Mo.</u>		ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

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 How L. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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.