URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035153

STATE FILE NUMBER

FILED VS OCT 20 1959

ENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Bollinger
c. CITY OR TOWN Lutesville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WALTER Middle WILLIAM Last MATTHEWS

4. DATE OF DEATH: Month 10 Day 14 Year 59

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-17-1892
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): timber buyer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bollinger county
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: John Matthews
13b. MOTHER'S MAIDEN NAME: Mary Devore
14. NAME OF HUSBAND OR WIFE: Madge Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 488-07-3347
17. INFORMANT: Madge Matthews Address: Lutesville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Failure
DUE TO (c) Chronic glomerular Nephritis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/14/59 to 10/14/59 and last saw him alive on 10/14/59
Death occurred at 11:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. Myers (Degree or title) MD
22b. ADDRESS Lutesville Mo
22c. DATE SIGNED 10/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10-16-59
23c. NAME OF CEMETERY OR CREMATORY: Bollinger Co. Mem
23d. LOCATION (City, town, or county) (State): Lutesville, Mo

24. FUNERAL DIRECTOR: Dean Ward ADDRESS: Lutesville Mo
25. DATE RECD. BY LOCAL REG.: 10-17-59
26. REGISTRAR'S SIGNATURE: Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 22 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Kenneth Liley, Student Embalmer No. 579

working under my personal supervision.

Student Kenneth Liley
Signature of Student Embalmer

Signed R. P. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.