

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12136

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>10 Min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagleville</u>		0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sampson</u> b. (Middle) <u>-</u> c. (Last) <u>Mathis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 28, 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nashville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Henry Mathis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Tull</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Josh Mathis</u>			ADDRESS <u>Eagleville, Mo.</u>
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis, (ischemic)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<u>43 43</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute indigestion</u>				<u>4 hours</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from Jan, 1949, to April 25, 1949, that I last saw the deceased alive on April 25, 1949, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. M. Phipps, 2 D.O.</u>		23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>April 28, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lone Rock Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison Co., Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		116		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe E. Wheeler</u>		ADDRESS <u>Bethany, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____
Student Embalmer

Signed

Joe E. Wheeler

Licensed Embalmer No.

35-12

P. O. Address

Belknap, MA

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.