DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1950

Registration District No. 2799

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9992

Primary Registration District No. 6025

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Oates (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Reynolds

(c) City or town Oates (If outside city or town limits write "RURAL") 8900

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN ALLEN MATHES

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife BARBRA

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN. (Month) 22 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
89	1	22	hr. min.

9. Birthplace BLACK, (City, town, or county) MO (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business

FATHER 12. Name WILLIAM E. MATHES

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name ELIZABETH SUTTERFIELD

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Shepherd

(b) Address Black, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar. 5 1950 (Month) (Day) (Year)

(c) Place: burial or cremation Myers Cemetery

18. (a) Signature of funeral director E. A. Howell

(b) Address Ironton Mo.

19. (a) 3/7/50 (Date received local registrar) (b) E. M. Fitzpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1950 hour minute M.

21. I hereby certify that I attended the deceased from Jan. 1-50 1950, to March 3 1950, that I last saw her alive on about 2/25 1950 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Regurgitation — Duration 10 yrs

Due to

Due to

Other conditions Influenza — 5 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. M. Fitzpatrick (M. D. or other) M.D.

Address Leadwood Mo. Date signed 3/7/50

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-7-50
District Health Officer No. 5
District File Number 3-50-179
Date Filed 3-10-50

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.