S. No. 300
v. 10.48

883

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2205

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3656 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883
d. STREET ADDRESS (If rural, give location): 0 111 Kirby.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Monroe c. (Last) MATHIS

4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Feb 21st 1909
9. AGE (In years last birthday): 41 — If under 1 year: Months 10 Days 20 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Wabash RR
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George G Mathis
13b. MOTHER'S MAIDEN NAME: Thulia Minor
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): ✓
16. SOCIAL SECURITY NO.: 489-10-9748
17. INFORMANT'S SIGNATURE OR NAME: Mrs. G. G Mathis. ADDRESS: Moberly Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Previous Coronary attack — 6 wks prior
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Previous Cerebral Thrombosis (2 wks)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 29, 1950, *to* Jan 11, 1951, *that I last saw the deceased alive on* Jan 11, 1951, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry K Barber (Degree or title) MD.
23b. ADDRESS: WABASH HOSPITAL, Moberly
23c. DATE SIGNED: Jan 12 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 13th 1951
24c. NAME OF CEMETERY OR CREMATORY: Huntsville
24d. LOCATION (City, town, or county) (State): Huntsville. Mo

DATE REC'D BY LOCAL REG.: 1-13-51
REGISTRAR'S SIGNATURE: Leah Thurman 269
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son. ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 1 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-65
Date Filed: JAN 2 0 1951

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.