

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15804**

FILED JUN 12 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **156**

0143

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

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 1 and 1/2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lancaster		0980
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No 1			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED a. (First) Willie (Type or Print)			b. (Middle) DEE	c. (Last) MATHERS	4. DATE OF DEATH (Month) (Day) (Year) June 6 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 25, 1865	9. AGE (Last birthday) 85	10. 11. 12. 11 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Washington Johnson		13b. MOTHER'S MAIDEN NAME Joyce Smith	14. NAME OF HUSBAND OR WIFE DK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If no, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records Fulton, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS.	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500				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)			
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 April 21, 1951 , to June 6, 1951 , that I last saw the deceased alive on June 6, 1951 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. J. Miller MD		23b. ADDRESS State Hosp. No. 1, Fulton, Mo		23c. DATE SIGNED 6/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 8 - 1951	24c. NAME OF CEMETERY OR CREMATORY S.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Glenwood Mo		
DATE REC'D BY LOCAL REG. June 6 - 1951	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo		

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 11 1951

RECEIVED

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

Russell C. Mang

Licensed Embalmer No. *4804*

P. O. Address *Fulton, 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.