

FILED JAN 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2379

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b> OFF 3	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>420 E Logan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Margaret</b> b. (Middle) <b>Mathis</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 5 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	
8. DATE OF BIRTH <b>Oct. 12 1884</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Days <b>2</b> Hours <b>25</b> IF UNDER 24 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <b>Mo</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Clairborne Boatman</b>		13b. MOTHER'S MAIDEN NAME <b>Annie E Parker</b>		14. NAME OF HUSBAND OR WIFE <b>Jesse</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Howard Hulen</b> ADDRESS <b>Moberly Mo</b>	

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) <b>myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b>		<b>2 days</b>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>		<b>Unknown</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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) m.		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 **Jan 4, 1952**, to **Jan 5, 1952**, that I last saw the deceased alive on **Jan 4, 1952**, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clarence C. Chas M.P.</b>		23b. ADDRESS <b>Moberly, Mo.</b>		23c. DATE SIGNED <b>Jan 7 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-7-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	
		24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>			

DATE REC'D BY LOCAL REG. <b>1-7-52</b>		REGISTRAR'S SIGNATURE <b>Leath</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard Law</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1083

**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. O'Neil

Licensed Embalmer No. 3021

P. O. Address Proberly, Miss

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.