

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21156

State File No. ....

FILED JUN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5726 Registrar's No. 54

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>RURAL Middle Fork</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Macon, (Middle Fork)</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Macon</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>—</u> c. (Last) <u>Mathis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept. 23, 1884</u>		9. AGE (in years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 18 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____	

13a. FATHER'S NAME <u>George Griffin</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Griffin</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 war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charlie Long</u> ADDRESS <u>Macon, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal insufficiency</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral heart disease</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 _____		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) <u>410x</u>	
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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 April 1948, to April 1952, that I last saw the deceased alive on April 29, 1952 and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. S. Eggleston M.D.</u> (Degree or title)		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>8 May 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6/6/52</u>		REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u> 1952		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Gooding</u> ADDRESS <u>Macon, Mo.</u>	
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RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6-23-52  
Date Filed 6-25-52

JAN 7 1958

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 Charles L. Hutton

Licensed Embalmer No. 45-77

P. O. Address Macon, 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.