

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23276**

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6107** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Clark Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Scotland	
b. CITY OR TOWN Granger		c. CITY OR TOWN Granger 099	
c. LENGTH OF STAY (in this place) 90 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) CHARLES MATHIAS			4. DATE OF DEATH July 9 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov 28 1876		9. AGE (In years last birthday) 75 Months 7 Days 11 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Clark Co Mo	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Phillip Mathias		13b. MOTHER'S MAIDEN NAME Katie Dean		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 dates of service) No		16. SOCIAL SECURITY NO. 495-24-3171		17. INFORMANT'S SIGNATURE OR NAME John E. Turner ADDRESS _____	
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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 Instant
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound in head		ANTECEDENT CAUSES			
*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 (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. E976X			

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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Granger Scotland Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 9 1952 6:00 AM			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gun shot
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22. I hereby certify that I attended the deceased from **July 9, 1952**, to **July 9, 1952**, that I last saw the deceased ~~die~~ **die** on **July 7, 1952**, and that death occurred at **6 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Sherrill County Coroner Memphis Mo		23b. ADDRESS Memphis Mo		23c. DATE SIGNED July 11 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11 1952		24c. NAME OF CEMETERY OR CREMATORY Black oak cemetery	
				24d. LOCATION (City, town, or county) (State) Clark Co Mo	

DATE REC'D BY LOCAL REG. 7/11/52		REGISTRAR'S SIGNATURE John E. Turner 476		25. FUNERAL DIRECTOR'S SIGNATURE Guthrie Baskett ADDRESS Memphis Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Albert C. Genth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.