

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23956

State File No. ....

FILED AUG 6 1952

REG. DIST. NO. 75

PRIMARY REG. DIST. NO. 3015

Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>3 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stewartsville 1250</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida-Elizabeth</u> b. (Middle) <u>Boyer</u> c. (Last) <u>Mathis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 23 52</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-5-1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oliver Boyer</u>			13b. MOTHER'S MAIDEN NAME <u>Isabelle Kerns</u>		14. NAME OF HUSBAND OR WIFE <u>Edgar S. Mathis</u>		
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. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Edgar S. Mathis Stewartsville</u>			
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) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		332 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>7-15-1947</u> , to <u>7-23-1952</u> that I last saw the deceased alive on <u>7-23-1952</u> , and that death occurred at <u>12:30pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. Miller M.D.</u> (Degree or title)				23b. ADDRESS <u>Cameron, Mo.</u>		23c. DATE SIGNED <u>7-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Independence</u>		24d. LOCATION (City, town, or county) (State) <u>No. 9 Temple Mo. 9</u>	
DATE REC'D BY LOCAL REG. <u>7-30-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		390		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>W. S. Sumnerfield Stewartsville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

251  
0

---

---

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *W.E. Summers, Jr.*.....

Licensed Embalmer No. *3007*.....

P. O. Address *Stewartville Me*.....

**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.