

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41237

State File No.

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 6102 Registrar's No. 29

#m
0990

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

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) <u>Jefferson Twp</u>		c. CITY (If outside corporate limits, write BUREAU and give township) <u>Rural Twp</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Jefferson Twp</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>		b. (Middle) <u>MATHES</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 1952</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>July 21 1900</u>
9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>21</u>	
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 <u>Schuyler Co Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Henry Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Florantine Reed</u>	
13c. NAME OF HUSBAND OR WIFE <u>Paul Mathes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Paul Mathes</u>		ADDRESS <u>Memphis Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemolytic anemia</u> 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. <u>2922</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Operated at Ellis' Fishel State Cancer Hosp</u>	
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) <u>Columbia Mo</u>			
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>Oct 9</u> , 19 <u>52</u> , to <u>Oct 12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>52</u> , and that death occurred at <u>9:40 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Louie Do.</u>		23b. ADDRESS <u>Memphis Mo</u>	
23c. DATE SIGNED <u>11/14/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 14 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/14/52</u>		REGISTRAR'S SIGNATURE <u>Vera S. Turner</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertha Baskett</u>		ADDRESS <u>Memphis Mo</u>	

12 1961

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 Gerth

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.