

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44412**

**FILED JAN 26 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **3372** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>DEKALB</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY _____	
b. CITY OR TOWN <b>RURAL - <del>DARTAS</del></b>		c. CITY OR TOWN <b>Rural - <del>DARTAS</del></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>0320</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Valandina</b> b. (Middle) <b>Law</b> c. (Last) <b>MATHIES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-12-52</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>DEC 31 1863</b>
9. AGE (In years last birthday) <b>89</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>JACOB Mathies</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH STEUKIE</b>	
14. NAME OF HUSBAND OR WIFE _____		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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>John Mathies Weatherly Mo</b> ADDRESS _____	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____	
2. OTHER SIGNIFICANT CONDITIONS: <b>4-341</b> Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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 <b>11-11, 1952</b> , to <b>12-12, 1952</b> , that I last saw the deceased alive on <b>12-12, 1952</b> , and that death occurred at <b>5 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James H. Switzer M.D.</b>		23b. ADDRESS <b>Mayville</b>	
23c. DATE SIGNED <b>1-21-53</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Union Star Mo</b>	
23e. LOCATION (City, town, or county) (State) _____		23f. DATE _____	
DATE REC'D BY LOCAL REG. <b>1-28-53</b>		REGISTRAR'S SIGNATURE <b>Rescoe Davidson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John Fran</b>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

370  
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**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 John Dean

Licensed Embalmer No. 3933

P. O. Address Haysville, 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.