

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mitchell		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pain Relief Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mitchell 0940	
		d. STREET ADDRESS (If rural, give location) 8	
3. NAME OF DECEASED (Type or Print) a. (First) NOAH		b. (Middle) HENRY	
		c. (Last) MATHES	
4. DATE OF DEATH (Month) (Day) (Year) May 3, 1953			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 28, 1885
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR 3 Months 5 Days	IF UNDER 2 HRS. 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	
11. BIRTHPLACE (City and State or Foreign Country) Iron County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Allen Mathes		13b. MOTHER'S MAIDEN NAME Barbra Asher	
		14. NAME OF HUSBAND OR WIFE Ida Johnson Mathes	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Ida Mathes		ADDRESS Mitchell, Mo	
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) Carcinoma Stomach 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. Hypertension to liver & lungs Carcinoma neck	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151 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) (Min.)		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 Jan 1953 to May 3, 1953 , that I last saw the deceased alive on 5-2 , 1953, and that death occurred at 4:08A m., from the causes and on the date stated above.			
23a. SIGNATURE H. O. Gabel MD (Degree or title)		23b. ADDRESS Desloge, Missouri	
		23c. DATE SIGNED 5/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5, 1953	
24c. NAME OF CEMETERY OR CREMATORY Mitchell Ceme.		24d. LOCATION (City, town, or county) (State) Mitchell, Mo	
DATE REC'D BY LOCAL REG. May 4, 1953		REGISTRAR'S SIGNATURE Catherine Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE SPARKS F. HOME		ADDRESS Flat River, Mo	

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

Murphy Sparks

Licensed Embalmer No. *4256*

P. O. Address

1st River Dr

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.