

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

FILED JUL 21 1953

State File No. 25770

BIRTH NO. 12 REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 6834 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Marion</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion</u> <u>6730</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Diamond Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Diamond Route # 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Olive</u>	b. (Middle) <u>May</u>	c. (Last) <u>Mathis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 20, 1873</u>	9. AGE (In years last birthday) <u>80</u>	# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR
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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 (City and State or Foreign Country) <u>Diamond, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ELI GOODWIN</u>	MOTHER'S MAIDEN NAME <u>Melviena Harold</u>	14. NAME OF HUSBAND OR WIFE <u>John R. Mathis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beulah Moss, Diamond, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic interstitial</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Arthritis Deformans.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Aug 29, 1949, to July 13, 1953, that I last saw the deceased alive on Apr 8, 1953, and that death occurred at 1:20A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Wood M. D.</u>	23b. ADDRESS <u>Carthage, Missouri</u>	23c. DATE SIGNED <u>7/13/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Diamond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 14-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Albe Parnell</u>	222	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u>	ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer ~~100~~ NEWTON COUNTY HEALTH UNIT

District File Number ~~.....~~ 75-140

Date Filed ~~.....~~ 7-20-53

NEEDS TO BE SIGNED

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

William B. Cantu

Licensed Embalmer No.

4820

P. O. Address

Cartage?

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.