

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5353 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELKLAND R.R. 2nd</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkland R.R. 0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON TWP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<u>JESSE</u>	<u>CALVIN</u>	<u>MATTIX</u>	<u>10-24 1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-22 1893</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>59</u>	<u>10</u> <u>2</u>	<u>0</u> <u>0</u> <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Mattix</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>
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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 AND ADDRESS <u>Elizabeth Mattix, 4201 Buffalo, Miss</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>Buffalo Miss</u>
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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 10-22, 1953, to 10-24, 1953, that I last saw the deceased alive on 10-23, 1953, and that death occurred at 4:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>O. O. Jamison M.D.</u>	(Degree or title)	23b. ADDRESS <u>Buffalo Miss</u>	23c. DATE SIGNED <u>10-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center Point</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co Miss</u>
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DATE REC'D BY LOCAL REG. <u>10/31/53</u>	REGISTRAR'S SIGNATURE <u>Mrs Grace Petree</u>	FUNERAL DIRECTOR'S SIGNATURE <u>K. B. Jones</u>	ADDRESS <u>Buffalo Miss</u>
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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 Leonard B. Jones

Licensed Embalmer No. 1568

P. O. Address Bay Mills, Mich

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.