

FILED MAY 3 1954  
DELAYEDTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDELAYED 45706  
State File No. ....BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Flat River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>106 E. Main St.</u>	
3. NAME OF DECEASED a. (First) <u>Rev. John</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Mathes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-23-1888</u>
9. AGE (In years last birthday) <u>65-4-22</u>		# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister - Supply Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Iron Mountain, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Mr. Allen Mathes</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Asher</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora C. Luik Mathes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-03-8899</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cor C. Luik Mathes</u>		ADDRESS <u>106 E. Main St. Flat River, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease unknown.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to Decompensation heart.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular fibrillation</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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)			
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 <u>March</u> , 19 <u>53</u> , to <u>July 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 15</u> , 19 <u>53</u> , and that death occurred at <u>2:35 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>De Sloger, Mo.</u>	
23c. DATE SIGNED <u>4-24-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>July 17, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Frankley, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 28, 1954</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>		ADDRESS <u>30.3 Craven St. Flat River, Mo.</u>	

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

**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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Glad R.

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.