

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2448

State File No.

No. 300
10.48
700
1

FILED FEB 5 1954

BIRTH NO. REG. DIST. NO. 249 PRIMARY REG. DIST. NO. 6025 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Black Mo	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Blakk Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		e. STREET ADDRESS (If rural, give location) Rural 2. mixxxxx East Of Black	

3. NAME OF DECEASED a. (First) Wilma b. (Middle) Atrie c. (Last) Mathes			4. DATE OF DEATH (Month) (Day) (Year) Jan 28 54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-4-1917		9. AGE (In years last birthday) 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Black mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Riley Mathes		13b. MOTHER'S MAIDEN NAME Laura Myers		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) X (If yes, give year or dates of service) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Letha White Sister Black Mo ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stagnant Epilepticus</i>		INTERVAL BETWEEN ONSET AND DEATH 3 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	3532
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4, 1953, to Dec 26, 1954, that I last saw the deceased alive on Jan 26, 1954, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. M. Hubpatrick MD		23b. ADDRESS Lesterville Mo		23c. DATE SIGNED 2/1/54
24a. BURIAL, CREMATIORS, REMOVAL (Specify) Burial	24b. DATE 1.30-54	24c. NAME OF CEMETERY OR CREMATORY Myers cemetery	24d. LOCATION (City, town, or county) (State) Black Mo	

DATE REC'D BY LOCAL REG. 2/1/54	REGISTRAR'S SIGNATURE E. M. Hubpatrick	25. FUNERAL DIRECTOR'S SIGNATURE (Name) James James	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 2-3-54

Reynolds County Health

File No. 254 - 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Handwritten Signature]
Licensed Embalmer No. 2

P. O. Address [Handwritten Address]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.