

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4130**  
Registrar's No. **139**

BIRTH NO. **FEB 19 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Campbell</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dr. Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Francis</b>	b. (Middle) <b>Jefferson</b>	c. (Last) <b>Mathis</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Jan 21, 1954</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 14, 1870</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
---	-----------------------------------	---	---

13a. FATHER'S NAME <b>D K</b>	13b. MOTHER'S MAIDEN NAME <b>D K</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Comer</b>
-------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Anders</b>	ADDRESS <b>St. Louis Mo</b>
--	-------------------------------------	---	-----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Apoplexy</b>		<b>5 days</b>
	DUE TO (c) <b>arteriosclerosis</b>		<b>20 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocarditis</b>			<b>10 &amp; 10 yrs</b>

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)
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 **17 Jan, 1954**, to **21 Jan, 1954**, that I last saw the deceased alive on **21 Jan, 1954**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Cecil C. Rott, M.D.</b>	23b. ADDRESS <b>Poplar Bluff, Mo</b>	23c. DATE SIGNED <b>5 Feb 54</b>
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>Jan 22, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Campbell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Campbell Mo</b>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>2/9/54</b>	REGISTRAR'S SIGNATURE <b>R. H. Muntz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Irby Funeral Home</b>	ADDRESS <b>Rector Ark</b>
--	--	---	---------------------------

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

Poplar Bluff

RECEIVED  
FEB 15 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAY 9 1956

**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 \_\_\_\_\_  
*Don W. M. & B. B. B.*

Licensed Embalmer No. 736

P. O. Address Rector Park

**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.