

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22165

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 848

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. CITY OR TOWN <p style="text-align: center;">St. Joseph</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1905 N. 2nd St.</p>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Josephs Hospital</p>					

3. NAME OF DECEASED (Type or Print)	a. (First) <p style="text-align: center;">Don</p>	b. (Middle) <p style="text-align: center;">Sherlock</p>	c. (Last) <p style="text-align: center;">Mathers</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">July 31, 1954</p>
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5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">March 18, 1905</p>	9. AGE (In years last birthday) <p style="text-align: center;">49</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">truck driver</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Crouch Bros. Truck</p>	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Buchanan County, Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
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13a. FATHER'S NAME <p style="text-align: center;">John W. Mathers</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Theodocia Farris</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Rosemary</p>
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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) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">500-07-2918</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Rosemary Mathers</p>	ADDRESS <p style="text-align: center;">1905 N. 2nd, St. Joseph, Mo</p>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Coronary heart trouble</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">unknown</p>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Disipation probably</p>		
	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 <p style="text-align: center;">4201</p>	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) (Min.)	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 7/25, 1954, to 8/31, 1954, that I last saw the deceased alive on 7/25, 1954, and that death occurred at 8:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">W. M. Kerner MD.</p>	(Degree or title)	23b. ADDRESS <p style="text-align: center;">423 Main St., City</p>	23c. DATE SIGNED <p style="text-align: center;">8/2/54</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">8/3/1954</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Aug 4, 1954</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">E. M. Allison</p>	FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Sup. Reg. Neaton - Bowman</p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 3 1935

AUG 17 1935

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.....
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. 4535

P. O. Address 319 E 11th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.