

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED SEP 6 1955

State File No. **25843**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **769**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>GREENE</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>Route #8</b>		<b>0390</b>	
<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>RAYMOND</b>	b. (Middle) <b>E.</b>	c. (Last) <b>MATHIS</b>
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August 30, 1955</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 26, 1902</b>
<b>9. AGE</b> (In years last birthday) <b>52</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Motel Operator</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Motel Operator</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Mt. Grove, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>			
<b>13a. FATHER'S NAME</b> <b>John Mathis</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ida Wooldridge</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lennie Mathis</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lennie Mathis, Springfield, Missouri</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Arterio-sclerosis</b>		DUE TO (c) <b>4201</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from August 29, 1955, to August 30, 1955, that I last saw the deceased alive on August 29, 1955, and that death occurred at 1:20a m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>John Mathis</i>		<b>23b. ADDRESS</b> <b>Springfield, Missouri</b>	
<b>23c. DATE SIGNED</b> <b>8/30/55</b>			
<b>24a. BURIAL, CREMATION/REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>9/1/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Rest Lawn</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Coffeyville, Kansas</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>9-1-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Edith Williamson</i>		<b>25. JUNE 1955 DIRECTOR'S SIGNATURE</b> <i>Edith Williamson</i>
		<b>ADDRESS</b> <b>Springfield, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

16.300  
0.48

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 *Gene L. [Signature]*.....

Licensed Embalmer No. *447*.....

P. O. Address *[Signature]*.....

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.