

No. 300
10. 48

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40136

036

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

| | | | | | | | |
|--|--|--|----------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>114</u> | | PRIMARY REG. DIST. NO. <u>4186</u> | | Registrar's No. <u>63</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>FRANKLIN</u> | | a. STATE <u>MISSOURI</u> | | b. COUNTY <u>FRANKLIN</u> | | b. COUNTY <u>FRANKLIN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>SULLIVAN</u> | | c. LENGTH OF STAY (In this place) <u>3 YRS.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u> | | d. STREET ADDRESS (If rural, give location) <u>253 N. CENTER</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u> | | | | | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>JOHN HERMAN EDWARD MATHIAS</u> | | | b. (Middle) | | | c. (Last) | |
| (Type or Print) | | | (Month) (Day) (Year) | | | <u>DEC 18 55</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>APRIL 22, 1904</u> | |
| 9. AGE (In years last birthday) <u>51</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u> | | IF UNDER 1 HR. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRY</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, ILL.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>EDWARD MATHIAS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY VIETEN</u> | | 14. NAME OF HUSBAND OR WIFE <u>EMMA GIEBLER</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>263-40-1537</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMMA MATHIAS SULLIVAN, MO.</u> | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> | | | | <u>12 Days</u> | |
| *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 | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | <u>4201</u> | |
| | | 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 (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) | | 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>Dec 5</u> , 19 <u>55</u> , to <u>Dec 18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 16</u> , 19 <u>55</u> , and that death occurred at <u>9:20 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert [Signature]</u> | | | | 23b. ADDRESS <u>Sullivan, Mo.</u> | | 23c. DATE SIGNED <u>Dec 20-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>DEC. 21, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>GERALD, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-20-55</u> | | REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Sullivan, Mo.</u> | |

JAN 6 1953

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 Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, Mo.

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.