

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

739

State File No.

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Eldon</u>	d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>No Street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>C.E. Still Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louie</u> b. (Middle) <u>W.</u> c. (Last) <u>Matheis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 10, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>Oct 11, 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor of Chiropractic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Valentine Matheis</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Hoffman</u>			14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Webster V. Matheis</u> ADDRESS <u>Russellville</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 MO</u> <u>48 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral accident</u>		
	DUE TO (c) <u>anuria</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia 33ix</u>			

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)	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 1, 1956, to JAN 10, 1956, that I last saw the deceased alive on JAN 9, 1956, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Burton B. Roberts</u>	23b. ADDRESS <u>Jefferson City MO</u>	23c. DATE SIGNED <u>Jan 10-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem + Burial</u>	24b. DATE <u>1-12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louise Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Russellville Mo.</u>		

DATE REC'D BY LOCAL REG. <u>11 Jan 1956</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>G. Steffens</u> ADDRESS <u>Russellville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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b. 300
b. 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 *A. N. Stephens*.....

Licensed Embalmer No. *23*.....

P. O. Address *Russellville*.....

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.