

FILED AUG 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27386

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brooks Hosp.		e. STREET ADDRESS (If rural, give location) 2001 S. Maple St.	
3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) K. c. (Last) Mathes		4. DATE OF DEATH (Month) (Day) (Year) August 9, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd		10b. KIND OF BUSINESS OR INDUSTRY Hercules Podwer Co.	9. AGE (In years last birthday) 68
11. BIRTHPLACE (City and State or Foreign Country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James G. Mathes		13b. MOTHER'S MAIDEN NAME Belle Hawkins	14. NAME OF HUSBAND OR WIFE Jeanette Aspinall Mathes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-10-0408	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ben K. Mathes, Carthage, Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia, due to nephrosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, generalized DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Multiple cerebral hemorrhages	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446 X	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 4-20-1950 to Aug. 9, 1956 , that I last saw the deceased alive on 8-7-1956 and that death occurred at 5:25 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-11-56	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 8/10/56		REGISTRAR'S SIGNATURE Junice E. Street, Deputy	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Ulmer Funeral Home, Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48139
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AUG 15 1956

AUG 27 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.....
Signature of Student Embalmer

Signed William A. Fuller

Licensed Embalmer No. 465

P. O. Address Carthage

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.