Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35893

STATE FILE NUMBER

FILED NOV 16 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9127

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Deaconess Hosp. Length of stay in 1b 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dent
c. CITY OR TOWN Salem, D33/1 Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Harry Middle B. Last Mathes

4. DATE OF DEATH Month Oct. Day 4, Year 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug. 23, 1891

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Iron County, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Allen Mathes

14. MOTHER'S MAIDEN NAME Barbara Asher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No/ (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT Address Arthur Mathes, Salem, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction due to Arteriosclerotic coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ~~Generalized arteriosclerosis~~ ?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetic 5 yrs. 420.1

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-1-56, to 10-4-56 and last saw her/him alive on 10-4-56

Death occurred at 10:05 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. I. Rath (Degree or title) M.D.

22b. ADDRESS 634 N. Grand Blvd.

22c. DATE SIGNED 10-5-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-4-56

23c. NAME OF CEMETERY OR CREMATORY Boss Cemetery

23d. LOCATION (City, town, or county) (State) Salem, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,

25. DATE RECD. BY LOCAL REG. OCT 5 1956.

26. REGISTRAR'S SIGNATURE J. Earl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 41

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.