

STANDARD CERTIFICATE OF DEATH

23629

State File No.

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 852

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph mo</u>		c. CITY OR TOWN <u>Worth mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>(none)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>	b. (Middle) <u>Wayne</u>	c. (Last) <u>Mathis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>7/21/57</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>1 day 1</u> If under 1 year: Months _____ Days _____ If under 2 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St Joseph mo</u>
13a. FATHER'S NAME <u>George Mathis</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline DeField</u>	14. NAME OF HUSBAND OR WIFE <u>(none)</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Mathis</u>	ADDRESS <u>Worth mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gross Immaturity</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Placenta praevia & hemorrhage</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>7615</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 7/21, 1957, to 7/22, 1957, that I last saw the deceased alive on 7/22, 1957, and that death occurred at 12:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Puffer</u> (Degree or title)	23b. ADDRESS <u>902 Edward St. St. Joseph mo</u>	23c. DATE SIGNED <u>7/24/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 22-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City mo</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City mo</u>
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DATE REC'D BY LOCAL REG. <u>8-5-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johanna Anderson</u>	ADDRESS <u>Grant City mo</u>
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WRITE PLAINLY—USING INK—BLACK INK—MAKE A PERMANENT RECORD BIRTH CERTIFICATE NO. 1257

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 John Andrews, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 421

P. O. Address Grant City

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.