

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021171  
State File No.

FILED JUL 3 1958

REG. DIST. NO. 53 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 372

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>3 hrs</u>	c. CITY OR TOWN <u>Scopus</u> <u>0098</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>		b. (Middle) <u>(none)</u>	c. (Last) <u>MATHIS</u>
4. DATE OF DEATH (Month) <u>6</u> (Day) <u>26</u> (Year) <u>58</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 18, 1897</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wardell, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>K. R. Mathis.</u>		13b. MOTHER'S MAIDEN NAME <u>Cleo Merritt</u>	
14. NAME OF HUSBAND OR WIFE <u>Mable C. Mathis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>498-40-4395</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mable Mathis Scopus Mo</u> ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Massive hemorrhage</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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 <u>6/26/58</u> 19 <u>58</u> , to <u>6/26/58</u> 19 <u>58</u> , that I last saw the deceased alive on <u>6/26/58</u> , 19 <u>58</u> , and that death occurred at <u>12:20</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur M. Estes, M.D.</u> (Degree or title)		23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>6/28/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 30-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Alfred Sublette, Jr.</u>		ADDRESS _____	

1956  
JUL 3 707

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 *R. O. Davis*.....

Licensed Embalmer No. *453*.....

P. O. Address *Jackson, Miss*.....

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.