

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000562
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5937 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pratt West Peculiar Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>West Peculiar Twp</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 1/2 mi S.W. of Peculiar</u>		Length of stay in lb <u>31 years</u>	d. STREET ADDRESS (If outside, give location) <u>5 1/2 mi S.W. of Peculiar</u>

3. NAME OF DECEASED (Type or print) First <u>DOVIE</u> Middle <u>Z</u> Last <u>MATHIS</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>23</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 27 1893</u>	9. AGE (In years last birthday) <u>65</u>	FUNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Wolcott Kansas U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jim Carr</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Arch Mathis</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>William Bailey Harrisonville Mo</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiac insufficiency</u>	<u>6 mos</u>
	DUE TO (c) <u>Atherosclerosis</u>	<u>1 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Jan 15, 1959</u> to <u>Jan 23</u> and last saw her <u>alive</u> on <u>Jan 23, 1959</u> Death occurred at <u>5 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>H. E. Frasch M.D.</u>	(Degree or title)	22b. ADDRESS <u>Harrisonville Mo</u>	22c. DATE SIGNED <u>Jan 24, 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 25-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wells Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Peculiar Mo</u>
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24. FUNERAL DIRECTOR <u>Funerary Services Harrisonville Mo</u>	ADDRESS <u>1-26-59</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Thomas C Durdon</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 Frank E. Runnenbeger 3rd, Student Embalmer No. 568 working under my personal supervision.

Student Frank E. Runnenbeger 3rd
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrison

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.