

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005463

FILED VS FEB 25 1960

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived, if 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>Union Twp</u>		c. CITY OR TOWN <u>Union Twp</u>	
Length of stay in lb <u>1 year</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mi SW of Peculiar</u>		d. STREET ADDRESS (If outside, give location) <u>6 mi SW of Peculiar</u>	
3. NAME OF DECEASED (Type or print) First <u>ARCH</u> Middle _____ Last <u>MATHIS</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>17</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 30 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Cherryvale Kansas, Mo</u>
13a. FATHER'S NAME <u>Aron Mathis</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Cattell</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>487-12-0054</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT <u>William Bailey Harrisonville Mo.</u> Address _____	
IMMEDIATE CAUSE (a) <u>Pulmonary Oedema</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>2 yrs</u>	
DUE TO (c) <u>Asthma</u>		<u>2 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>1958</u> to <u>Feb 17, 1960</u> and last saw him alive on <u>Feb 17, 1960</u>		Death occurred at <u>4 a m</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>H. E. Jensen</u> (Degree or title)		22b. ADDRESS <u>Harrisonville Mo</u>	22c. DATE SIGNED <u>Feb 18, 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 19 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Willis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Peculiar Mo.</u>
24. FUNERAL DIRECTOR <u>Wimmerburgis Harrisonville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 19-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ray Sebree</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Runnenberg

Licensed Embalmer No. 503

P. O. Address Harrison

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