

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005904

FILED VS FEB 23 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 198

STATE FILE NUMBER

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b		c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Burge Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1726 E. Kearney</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Paul</b> Middle <b>C.</b> Last <b>Mathis</b>				4. DATE OF DEATH Month <b>February</b> Day <b>16</b> Year <b>1960</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>23 Sept. 1887</b>		9. AGE (last birthday) <b>72</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Service Station</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>D.C. Mathis</b>			13b. MOTHER'S MAIDEN NAME <b>Ruth Benning</b>			14. NAME OF HUSBAND OR WIFE <b>Laura Alice Mathis</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>489-36-7866</b>		17. INFORMANT Address <b>Laura A. Mathis 1726 E. Kearney Spgfd. Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Head and chest injuries</b>								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
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 checked="" 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.) <b>He was crossing city street. He was not in cross walk about center of block. He was struck by a Yellow Cab. Driver claimed that he did not see him until a few feet before striking him.</b>					
20c. TIME OF INJURY <b>6:30</b> p.m. Hour Month, Day, Year		<b>2/16/60</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1200 Blk. E. Kearney</b>		20f. CITY, TOWN, OR LOCATION <b>Springfield,</b>		<b>Greene</b>		STATE <b>Missouri</b>	
21. I attended the deceased from <b>UNATTENDED BY PHYSICIAN</b> and last saw her <b>him</b> alive on <b>Approx. 6:30</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>Approx. 6:30</b>									
22a. SIGNATURE <i>Paul H. Greene</i> (Degree or title) <b>Greene County Coroner</b>				22b. ADDRESS <b>Springfield, Missouri</b>				22c. DATE SIGNED <b>2/17/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Burial</b>		23b. DATE <b>2/20/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Callao Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Macon County, Missouri</b>			
24. FUNERAL DIRECTOR <b>Klingner Mortuary</b>				ADDRESS <b>Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-18-60</b>		26. REGISTRAR'S SIGNATURE <i>Effie E. Melton</i>	

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

*Agile Stone Jr*

Licensed Embalmer No. *4176*

P.O. Address *Springfield*

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.