

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-022717**

**FILED VS JUL 12 1960**

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 141 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in 1b <b>8 days</b>	c. CITY OR TOWN <b>Senath</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Melvin</b> Middle <b>Raymond</b> Last <b>Mathis</b>			4. DATE OF DEATH Month <b>June</b> Day <b>29</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-21-1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>8</b> Hours <b></b> Min. <b></b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Spokane, Wash.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John Mathis</b>	13b. MOTHER'S MAIDEN NAME <b>Etta Singleton</b>	14. NAME OF HUSBAND OR WIFE <b>Ora Bell Mathis (dec)</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>WW One</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT <b>Goldie L. Richmond, Paragould, Ark.</b>
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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) <b>Bronchial asthma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>years</b> <b>months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pulmonary emphysema</b>	
	DUE TO (c) <b>ca Urinary bladder</b>	

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
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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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></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.)
20f. CITY, TOWN, OR LOCATION <b>Senath</b>		COUNTY <b>Missouri</b> STATE <b></b>

21. I attended the deceased from **1958** to **1960** and last saw her/him alive on **29 June 60**  
Death occurred at **approximately 6:30a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Joel A. Zimmerman, M.D.</b>	22b. ADDRESS <b>Kennett Mo.</b>	22c. DATE SIGNED <b>5 July 60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-1-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Senath</b>
23d. LOCATION (City, town, or county) <b>Senath Missouri</b>		

24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser. Kennett, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-7-1960</b>	26. REGISTRAR'S SIGNATURE <b>Earl J. Hester</b>
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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 Tommy L. Roberty

Licensed Embalmer No. 4886

P. O. Address Kennett, Y

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.