

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009914

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 35

AMENDED

FILED VS MAR 17 1961

1. PLACE OF DEATH

a. COUNTY **Newton**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Neosho** Length of stay in lb **3 Days**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Sale Memorial Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Newton**

c. CITY OR TOWN **Neosho** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **318 W. Hill** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
CLARENCE PAUL MATHIAS

4. DATE OF DEATH Month Day Year
March 11, 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-21-1895** 9. AGE (last birthday) **65**

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) **Store manager** 10b. KIND OF BUSINESS OR INDUSTRY **Retail Store** 11. BIRTHPLACE (City and state or country) **Joplin, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Jacob Mathias** 13b. MOTHER'S MAIDEN NAME **Marie Schultz** 14. NAME OF HUSBAND OR WIFE **Myrtle Mathias**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT **Myrtle Mathias** Address **Neosho, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **3 days**

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.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **Mar 8** 8:32 p.m. to **Mar 11** and last saw him ^{xx} alive on **March 11, 1961**
Death occurred at

22a. SIGNATURE **Myrtle Mathias** (Degree or title) 22b. ADDRESS **Neosho Mo** 22c. DATE SIGNED **3-13-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **March 14 '61** 23c. NAME OF CEMETERY OR CREMATORY **Neosho Mem. Park** 23d. LOCATION (City, town, or county) (State) **Neosho, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Clark Funeral Home Neosho, Mo.** 25. DATE RECD. BY LOCAL REG. **3-16-61** 26. REGISTRAR'S SIGNATURE **Melvin C. Bowman**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 21 1961

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood

Wesley Mo.

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.