

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012710

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 446

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
M.H. Christ, M.D.

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 50 years
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 620 Court St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First James Middle R. Last Mathis 4. DATE OF DEATH Month May Day 7 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Mar. 9, 1890 9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher 10b. KIND OF BUSINESS OR INDUSTRY Swift & Co. 11. BIRTHPLACE (City and state or country) Green County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Mathis 13b. MOTHER'S MAIDEN NAME Amanda Haston 14. NAME OF HUSBAND OR WIFE Edith Mathis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I 17. INFORMANT Address Edith Mathis 620 Court St. St. Joseph, 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) Congestive Heart Failure due to Arteriosclerosis with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia due to epistaxis
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No 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 11-2-60 to May 1, 1961 and last saw him alive on April 30, 1961
Death occurred at 1:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Merton A. Christ, M.D. 22b. ADDRESS 6106 King Hill Ave St Joseph Mo 22c. DATE SIGNED 5/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 4, 1961 23c. NAME OF CEMETERY OR CREMATORY King Hill Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. May 2, 1961 26. REGISTRAR'S SIGNATURE Wm. Clark Woodell

MAY 9 1961

MAY 12 1961

Dr. Christ

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 *[Handwritten Signature]* _____

Licensed Embalmer No. *4235*

P. O. Address *[Handwritten Address]*

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.