MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-016419
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 33

FILED APR 17 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0890
2 0890
3 2
4 0
5 1
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7 0
8 2
9 4500
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12 86-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Twsp.
Length of stay in 1b: 8 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Elm Park Rest Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ray
c. CITY OR TOWN: Hardin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Claude Middle: Dwight Last: Mathena
4. DATE OF DEATH: Month: April Day: 9 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 8/1881
9. AGE (last birthday): 80 — 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): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and state or country): Ray County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Jeptha Mathena
13b. MOTHER'S MAIDEN NAME: Katherine Smith
14. NAME OF HUSBAND OR WIFE: Sally Mathena
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.:
17. INFORMANT: Maude Davis — Address: Independence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): General insanitation — 1 yr.
DUE TO (c): General arteriosclerosis — 3 yrs.
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 ☐ 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 Aug 61 to 4-7-62 and last saw him alive on 4-7-62
Death occurred at 12:30 pm 4-9-62 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: E. T. Riley (Degree or title) MD
22b. ADDRESS: Richmond Mo.
22c. DATE SIGNED: 4-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-11-62
23c. NAME OF CEMETERY OR CREMATORY: New Hope Cem.
23d. LOCATION (City, town, or county) (State): Ray County, Mo.
24. FUNERAL DIRECTOR: Borcherding Fun. Home — ADDRESS: Hardin, Mo.
25. DATE RECD. BY LOCAL REG.: 4-12-1962
26. REGISTRAR'S SIGNATURE: Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1962

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 August Borchelding

Licensed Embalmer No: 4678

P. O. Address Harlin, 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.