

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 18

FILED JUN 4 1962

VS 300
Rev. 4/59

2370
20370

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4 1
5 2
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7 0
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9 4200
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12 90-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		Length of stay in lb 6 yrs.	c. CITY OR TOWN Owensville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. First St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Owensville
3. NAME OF DECEASED (Type or print) First Lizzie Middle Mathis Last Mathis		4. DATE OF DEATH Month May Day 28 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-26-1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 8 Days 1	IF UNDER 24 HR Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Pershing, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Fritz Lalk	
13b. MOTHER'S MAIDEN NAME Caroline Suenkel		14. NAME OF HUSBAND OR WIFE Paul Mathis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Dewey Decker - Bland, 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) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 14 mos.
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 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 _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 3-14-61 to 5-28-62 and last saw her alive on 5-27-62 Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Bland, M.D. (Degree or title)		22b. ADDRESS Owensville, Mo.	22c. DATE SIGNED 5-29-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-30-1962	23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery	23d. LOCATION (City, town, or county) Bem, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.		25. DATE RECD. BY LOCAL REG. May 29, 1962	26. REGISTRAR'S SIGNATURE Mrs. Maurine Jappmeyer

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 Jerry A. Thompson
Licensed Embalmer No. 5165

P. O. Address Quensville 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.