

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-025197**

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 88

**FILED JUN 27 1963**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		c. CITY OR TOWN <b>Neosho</b>	
Length of stay in 1b <b>10 yrs.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route #5</b>		d. STREET ADDRESS (If outside, give location) <b>Route #5</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>MAGGIE M. MATHIS</b>			4. DATE OF DEATH Month <b>June</b> Day <b>23</b> , Year <b>1963</b>		
--	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/12/1886</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>Webb City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
---	---	---	--

13a. FATHER'S NAME <b>James Mathis</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Mansfield</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not of unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Address <b>Mrs. Rosa Conness Neosho, Mo.</b>
--	---------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Exophthalmic goiter</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
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) <b>Cardiac De-compensation</b>		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 <b>2-4-1958</b> to <b>6-23-63</b> and last saw her alive on <b>6-12-63</b> Death occurred at <b>5:30 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE (Degree or title) <b>Melvin McCullough D.O.</b>	22b. ADDRESS <b>Box 432 Neosho Mo</b>	22c. DATE SIGNED <b>6/25/63</b>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/26/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kenney Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Neosho, Missouri</b>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <b>Clark Funeral Home Neosho, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-26-63</b>	REGISTRAR'S SIGNATURE <b>Daydene Belka</b>
--	--	---

DO NOT WRITE ON THIS STUB  
 AMENDED  
 DATE AMENDED  
 1 0730  
 2 0730  
 3  
 4 1  
 5 0  
 6  
 7 0  
 8 2  
 9 252.0  
 10  
 11  
 12 90-2  
 13 60  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 BY AFFIDAVIT OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 USE BLACK INK OR TYPEWRITER RIBBON

**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 H. Wayne Severa

Licensed Embalmer No. 5191

P. O. Address 632 Park Street  
Neosho, Missouri

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.