

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044461

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 197

FILED DEC 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1-6-64

10490

20490

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

11-25-1963

SHOULD READ

11-24-1963

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Home

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cartersville</u> | | Length of stay in 1b <u>6 yrs.</u> | c. CITY OR TOWN <u>Cartersville</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>414 N. Kentucky</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>414 N. Kentucky</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Franklin</u> Last <u>Mathis</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>25</u> Year <u>1963</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/7/1891</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Retired, Railroad</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Clerk</u> | 9. AGE (last birthday) <u>72</u> |
| 13a. FATHER'S NAME <u>John David Mathis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Milburn</u> | 11. BIRTHPLACE (City and state or country) <u>Appleton City, Mo.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Laura Beatrice Mathis</u> |
| DUE TO (b) <u>Arterio sclerotic Heart disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> |
| DUE TO (c) _____ | | | <u>unknown</u> |
| 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. | 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 <u>12-17-62</u> to <u>11-24-63</u> and last saw him alive on <u>12-17-62</u> Death occurred at <u>4:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>Webb City Mo</u> | 22c. DATE SIGNED <u>11/25/63</u> (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11/26/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Diamond, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home</u> ADDRESS <u>Webb City, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-26-63</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sirtzer</u> |

(Licensed Embalmer's Statement on Reverse Side)

10114-0-010

DEC 4 1963

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

Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.