

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047117

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1490 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

5117
25117
3
4 1
5 3
6
7 0
8 2
94200
10
11
1290-0
13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. CITY OR TOWN <p style="text-align: center;">St. Joseph</p>	
Length of stay in 1b <p style="text-align: center;">most of life</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;">1806 Clay</p>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center;">1806 Clay</p>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center;">ORA LESLIE MATHIS</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center;">December 26, 1963</p>
5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">11/24/1876</p>
9. AGE (last birthday) <p style="text-align: center;">87</p>		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) <p style="text-align: center;">housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">own home</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center;">Buchanan County, Mo.</p>
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;">USA</p>		13a. FATHER'S NAME <p style="text-align: center;">Benjamin Leslie</p>	
13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Lucinda Honeycutt</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">William C.</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">[redacted]</p>	
17. INFORMANT Address <p style="text-align: center;">Mrs. Chester Ridge, Berkeley, Ill.</p>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center;"><i>Arteriosclerotic heart disease</i></p>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">7 mo</p>	
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 <u>May 14 1963</u> to <u>26 Dec 1963</u> and last saw her <u>alive</u> on <u>Dec 20 1963</u> Death occurred at <u>3:30 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or wife) <p style="text-align: center;"><i>J.J. Motherhead</i></p>		22b. ADDRESS <p style="text-align: center;">2603 Friedrich</p>	
22c. DATE SIGNED <p style="text-align: center;">12-30-63</p>		23. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Auburn Cemetery</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>		23b. DATE <p style="text-align: center;">12/28/1963</p>	
23c. LOCATION (City, town, or county) <p style="text-align: center;">St. Joseph Missouri</p>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <p style="text-align: center;">Heston-Bowman</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">Jan. 3, 1964</p>	
26. REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Mrs. Clark Goodell</i></p>		26. REGISTRAR'S SIGNATURE	

USE BLACK INK OR TYPEWRITER RIBBON

J.J. Motherhead

Permit issued 12-27-63

2111
2114
- 2
0 2

0-2

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.