

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043870
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 967

300
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Kansas City 3638 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Netzel Hospital		d. STREET ADDRESS (If outside, give location) 4529 Olive St.	
Length of stay in lb 5 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Mathis			4. DATE OF DEATH Month Day Year Dec. 14, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30, 1888
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 7 Day 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Purch. Agent - Hospital Sup.		10b. KIND OF BUSINESS OR INDUSTRY Hospital Sup.	11. BIRTHPLACE (City and state or country) Polk Austria 4
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Mathis	
13b. MOTHER'S MAIDEN NAME Kathryn Portz		14. NAME OF HUSBAND OR WIFE Thresa 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. 487-01-9960	
17. INFORMANT Mrs. R. J. Powell, Clinton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Cardiac decompensation DUE TO (c) Adeno Carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992			INTERVAL BETWEEN ONSET AND DEATH 2 days 3 wks 3 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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 April 1956 to Dec 14-58 and last saw her alive on 12-14-58 Death occurred at 5:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. J. Powell D.O. 2		22b. ADDRESS Clinton Mo	
22c. DATE SIGNED 12-14-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Dec. 14, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Mariah Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)	
24. FUNERAL DIRECTOR H. D. Vansant, Clinton, Mo		25. DATE RECD. BY LOCAL REG. 12-15-58	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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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 *J. H. Tinsant*

Licensed Embalmer No. 3779

P. O. Address Clinton

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.