FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31196

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 5834 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Newton, Marion Tps.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Diamond R.#1
c. LENGTH OF STAY (In this place): 50 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Diamond R#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Diamond
d. STREET ADDRESS (If rural, give location): Route #1 3 mi East.

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Mathis
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 15 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct-20-1877
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Morgan County Mo.
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: John D. Mathis
13b. MOTHER'S MAIDEN NAME: Amanda Milburn
14. NAME OF HUSBAND OR WIFE: Beulah Mary Mathis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Beulah Mary Mathis
ADDRESS: R#1 Diamond

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ascites
DUE TO (c) Portal Circulatory Obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 157X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Aug 10th, 1949, to Sept 15, 1949, that I last saw the deceased alive on Sept 14th, 1949, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Melvin A. Bowman (Degree or title): MD
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: Sept 16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 17 49
24c. NAME OF CEMETERY OR CREMATORY: Diamond Cemetery
24d. LOCATION (City, town, or county) (State): Diamond, Mo.

DATE REC'D BY LOCAL REG.: Sept. 17-49
REGISTRAR'S SIGNATURE: Mrs. Allie Parnell
25. FUNERAL DIRECTOR'S SIGNATURE: Clark-Bickam
ADDRESS: Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Student Embalmer

Signed K. Ly — White

Licensed Embalmer No. 4240

P. O. Address Neosho, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.