S. No. 300
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FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33971

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 358

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0150
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Rev Chas
b. (Middle): O
c. (Last): Mathias

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 6 1886
9. AGE (In years last birthday): 64 — If under 1 year: Months: / Days: 13 — If under 24 hrs.: Hours: / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (State or foreign country): Wm County Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Wm Mathias
13b. MOTHER'S MAIDEN NAME: Ida Gay
14. NAME OF HUSBAND OR WIFE: Jennie Mathias
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Jennie Mathias
ADDRESS:

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) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* 14 Oct, 1950, *to* 19 Oct, 1950, *that I last saw the deceased alive on* 18 Oct, 1950, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul A Jenkins MD (Degree or title): D
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: 19 Oct 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/21/50
24c. NAME OF CEMETERY OR CREMATORY: Lebanon
24d. LOCATION (City, town, or county) (State): Lebanon Mo

DATE REC'D BY LOCAL REG.: 10-20-1950
REGISTRAR'S SIGNATURE: Stella L. Hay
424
25. FUNERAL DIRECTOR'S SIGNATURE: Holman Funeral Home
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 27 1950

Received OCT 21 1950
Laclede County Health Unit
File No. 10-50-16-a
Date Filed OCT 23 1950

NOV 10 1950

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 .....

..... working under my personal supervision.

Student Embalmer No. .....

Signed W. E. Holman

Signed .....
Student Embalmer

Licensed Embalmer No. 407

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.