

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38098
Registrar's No. 384

0883

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

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>384</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>406 Woodland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 Woodland</u>				d. STREET ADDRESS (If rural, give location) <u>406 Woodland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u>			b. (Middle) <u>S.</u>		c. (Last) <u>Mathis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May 10 1873</u>		9. AGE (In years last birthday) <u>77</u> If under 1 year: Months <u>6</u> Days <u>10</u> If under 48 hours: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>	
13a. FATHER'S NAME <u>Franklin Buckley</u>			13b. MOTHER'S MAIDEN NAME <u>Alexina Bundredge</u>		14. NAME OF HUSBAND OR WIFE <u> </u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marvin J. Woods Moberly</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES: <u>Coronary Thrombosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>20 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>48</u> , to <u>Nov 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 20</u> , 19 <u>50</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence C. Cohen MD</u>				23b. ADDRESS <u>3002 W Reed, Moberly Mo</u>		23c. DATE SIGNED <u>Nov 22 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial Nov 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 22 1950</u>		REGISTRAR'S SIGNATURE <u>Seal William J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Mahan and Son Moberly Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-58-1996
Date Filed: NOV 28 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

Frank B. D. Walt

Signed.....

Student Embalmer

Licensed Embalmer No. 3021

P. O. Address

Moberly, 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.