

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30352**

FILED OCT 13 1951

BIRTH NO. **10091-57** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4070**

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay c. CITY (If outside corporate limits, write RURAL and give township) Linden OR TOWN Linden			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Linden		d. STREET ADDRESS (If rural, give location) —	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Dean c. (Last) Mathis			4. DATE OF DEATH (Month) (Day) (Year) 9-9-51				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 9-4-51	
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 6		IF UNDER 24 HRS. Days 6 Hours — Min. —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Walter E. Mathis			13b. MOTHER'S MAIDEN NAME Darlene Sissel			14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —			16. SOCIAL SECURITY NO. —			17. INFORMANT'S SIGNATURE OR NAME Mr Walter Mathis ADDRESS Linden Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature - 24 hrs				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) —	
		DUE TO (c) —				DUE TO (c) —	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) —	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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 9-4 , 19 51 to 9-9 , 19 51 ; that I last saw the deceased alive on 9-9-51 and that death occurred at 7:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Malvin Langhus (Degree of title) MD				23b. ADDRESS 16 Kansas City Mo		23c. DATE SIGNED 9-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 9-10-51		24c. NAME OF CEMETERY OR CREMATORY Research Hospital		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 9-24-51		REGISTRAR'S SIGNATURE Sheraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Research Hosp. K-C. Mo. ADDRESS		

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.