

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **5**

1. PLACE OF DEATH
 a. COUNTY **MCDONALD**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **PINEVILLE**
 c. LENGTH OF STAY (in this place) **75 YRS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **NONE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **MCDONALD**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **PINEVILLE 0600**
 d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED
 a. (First) **GRANT** b. (Middle) **-** c. (Last) **MATHIS.**
 4. DATE OF DEATH (Month) (Day) (Year) **1-1-1952**

5. SEX **M** **6. COLOR OR RACE** **W**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **W**
8. DATE OF BIRTH **7-20-1871** **9. AGE** (In years last birthday) **81** **5** **11**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER**
10b. KIND OF BUSINESS OR INDUSTRY **SAME**
11. BIRTHPLACE (State or foreign country) **LOGAN-CO. ILLINOIS**
12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **UNKNOWN** **13b. MOTHER'S MAIDEN NAME** **UNKNOWN** **14. NAME OF HUSBAND OR WIFE** **MADE MATHIS.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY NO.** **NONE** **17. INFORMANT'S SIGNATURE OR NAME** **Roberta Callahan, Joplin Mo** **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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Coronary Occlusion**
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.

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)** **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:00 A. m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **H. M. Humphrey, Jr. Coroner Pineville Mo.** **23b. ADDRESS** _____ **23c. DATE SIGNED** **1-2-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **1-4-53** **24c. NAME OF CEMETERY OR CREMATORY** **PINEVILLE** **24d. LOCATION** (City, town, or county) (State) **PINEVILLE-MO.**

DATE REC'D BY LOCAL REG. **1-5-53** **REGISTRAR'S SIGNATURE** **H. M. Humphrey** **423** **25. FUNERAL DIRECTOR'S SIGNATURE** **H. M. Humphrey** **ADDRESS** **Pineville Mo.**

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

600
100

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 *F. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.