

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3589**

FILED JAN 31 1956

BIRTH NO. _____ REG. DIST. NO. **353** PRIMARY REG. DIST. NO. **6196** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Licking Sherrell 4yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Licking Mo. 1070	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Prior Rest Home			

3. NAME OF DECEASED (Type or Print) Mucelle	a. (First)	b. (Middle)	c. (Last) Mathis	4. DATE OF DEATH (Month) (Day) (Year) 1-11-56
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 1 1860	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Richland Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William W. Gillespie	13b. MOTHER'S MAIDEN NAME Melvina Cotney	14. NAME OF HUSBAND OR WIFE Newton A. Mathis
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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. none	17. INFORMANT'S SIGNATURE OR NAME Firis Mathis - Ellis Prairie, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary & cardiac arrest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cachexia & debilitation DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4343	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-1-**, 19**56**, to **1-10**, 19**56** that I last saw the deceased alive on **1-10**, 19**56**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE B. J. Meyer MD.	(Degree or title)	23b. ADDRESS Licking, Mo.	23c. DATE SIGNED 1-20-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-13-56	24c. NAME OF CEMETERY OR CREMATORY Emery Cemetery	24d. LOCATION (City, town, or county) (State) Rural Texas Mo.
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DATE REC'D BY LOCAL REG. Jan. 25, 1956	REGISTRAR'S SIGNATURE Alvora	324-0	25. FUNERAL DIRECTOR'S SIGNATURE Nesse Elliott Funeral Home	ADDRESS Houston, Mo.
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(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 Frank E. Wood.....

Licensed Embalmer No. 4026.....

P. O. Address Houston, Md.....

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.