

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4250**

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5373** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Maysville) c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home		d. STREET ADDRESS (If rural, give location) 0 3 2 3	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Peter	c. (Last) Mathis	4. DATE OF DEATH (Month) (Day) (Year) 1 - 24 - 56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER Married	8. DATE OF BIRTH Oct 12 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Mathis	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. XXXXXX	17. INFORMANT'S SIGNATURE OR NAME Mrs Walter Daniels	ADDRESS Maysville Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	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 <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) 4201
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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?
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22. I hereby certify that I attended the deceased from **Nov 1947** to **1/24, 1956**, that I last saw the deceased alive on **1/24, 1956** and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Donald Peetler M.D.	(Degree or title)	23b. ADDRESS Maysville Mo.	23c. DATE SIGNED 1/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-56	24c. NAME OF CEMETERY OR CREMATORY Maysville	24d. LOCATION (City, town, or county) (State) Maysville Mo.
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DATE REC'D BY LOCAL REG. 2-24-56	REGISTRAR'S SIGNATURE Ernest Davidson	25. FUNERAL DIRECTOR'S SIGNATURE John Brown	ADDRESS Maysville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

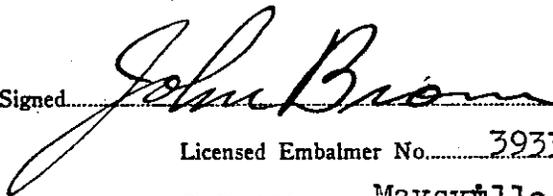
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3933

P. O. Address Maysville 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.