

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014946

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. _____ Primary Registration District No. 195 Registrar's No. 47-58

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|---------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pineville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Pineville</u> <u>0609</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u> | | Length of stay in lb <u>70yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>Rural</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>B.</u> Last <u>Mathis</u> | | | 4. DATE OF DEATH Month <u>4</u> Day <u>19</u> Year <u>1958</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-8-1873</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 9. AGE (In years last birthday) <u>84</u> |
| 11. BIRTHPLACE (City and state or country) <u>Lincoln, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>Alfred Mathis</u> | | 14. MOTHER'S MAIDEN NAME <u>Ellen Fleming</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give day or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Ellen M. Bailey Pineville, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Hydrostatic Pneumonia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Comotose Condition resulting</u> | | | |
| DUE TO (c) <u>Cerebral Vascular Accident 331X</u> | | | <u>2 weeks</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Osteomyelitis of Fractured Femur - Senility</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <u>Jan 25, 1958</u> to <u>4-19-58</u> and last saw her alive on <u>4-16-58</u> Death occurred at <u>3:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Death or Title) <u>W. F. Stiles D.O.</u> | | 22b. ADDRESS <u>Pineville, Mo.</u> | 22c. DATE SIGNED <u>4-22-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-22-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Pineville, Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Pineville, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Humphrey & Son Pineville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>April 22, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Mary L. Bradley</u> |

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.....
Signature of Student Embalmer

Signed *J. M. Humphrey*

Licensed Embalmer No. *476*

P. O. Address *Noel*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.