

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005620

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 4085 Registrar's No. 16

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6170

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 25 1963

1. PLACE OF DEATH
a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale Length of stay in 1b 25 years

c. CITY OR TOWN Hale Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home east part town Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
John Wesley Mathieson Feb. 12th, 1963

5. SEX M 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/19/1893 9. AGE (last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service station operator Conoco. 10b. KIND OF BUSINESS OR INDUSTRY Bogard, Missouri 11. BIRTHPLACE (City and state or country) U. S. A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME John Mathieson 13b. MOTHER'S MAIDEN NAME Sara C. Mathieson 14. NAME OF HUSBAND OR WIFE Nellie Mathieson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of) No 16. SOCIAL SECURITY NO. 35 17. INFORMANT Address Mrs Nellie Mathieson, Hale, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute circulatory failure INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis - myocardial Infarction DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 2-12-63 to 2-12-63 and last saw him alive on 2-12-63
Death occurred at 10:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman F. Sanders D.O. 22b. ADDRESS Hale, Mo. 22c. DATE SIGNED 2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/14/1963 23c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery 23d. LOCATION (City, town, or county) (State) Bogworth, Missouri

24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin F-H Hale, Mo. 25. DATE RECD. BY LOCAL REG. 2-14-63 26. REGISTRAR'S SIGNATURE Mary Alan

USE BLACK INK OR TYPEWRITER RIBBON

APR 1 1963

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 _____

Clifford W. Austin.

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.