

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 6 1949 STANDARD CERTIFICATE OF DEATH

State File No. **14738**

| | | | | | | | |
|--|-------------------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>4</u> | | PRIMARY REG. DIST. NO. <u>4016</u> | | Registrar's No. <u>27</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Atchison</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Tarkio</u> | | c. LENGTH OF STAY (In this place) <u>1 1/2 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Tarkio</u> | | 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION *** | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> | | | b. (Middle) <u>SAFFORD</u> | | c. (Last) <u>MATHER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1949</u> |
| 5. SEX <u>male 0</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 7</u> | 8. DATE OF BIRTH <u>Oct. 30, 1898</u> | | 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Tarkio, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Wiley Mather</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Roman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alice Magdaline Mather</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>488-14-9976</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. S. Mather Tarkio, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, left breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>6-8 mos</u> <u>160X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>2-12</u> , 1949, to <u>4-27</u> , 1949, that I last saw the deceased alive on <u>4-21</u> , 1949, and that death occurred at <u>1 a.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | | (Degree or title) <u>M.D., 0</u> | | 23b. ADDRESS <u>Tarkio, Missouri</u> | | 23c. DATE SIGNED <u>4/28/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>4/29/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Center Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-30-49</u> | | REGISTRAR'S SIGNATURE <u>Betty Crabtree</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>41</u> | | ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u> | |

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 _____

John M. Davis

Licensed Embalmer No. 2391

P. O. Address Tarkio, 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.