

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4375

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5428 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Mo., Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Mo., Rural, Boone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R. F. A</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>## LIBBY</u>		c. (Last) <u>MATTAR</u>	
b. (Middle) <u>--</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan., 3 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 6, 1872</u>	
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR <u>5</u> MONTHS <u>27</u> DAYS	
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>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Geo C. Groh</u>		13b. MOTHER'S MAIDEN NAME <u>Honoretta Klemme</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Mattar</u>		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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katie M. Richards, 4015 Grove, St. Louis, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Chronic Myocarditis</u> 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>	
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)	
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>10</u> , 19 <u>46</u> , to <u>1-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>50</u> , and that death occurred at <u>1⁰⁰</u> P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Oliver A. Schmitt, M.D.</u>		23b. ADDRESS <u>Gerald Mo.</u>	
23c. DATE SIGNED <u>1-5-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Leslie, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Feb. 1, '51</u>	
REGISTRAR'S SIGNATURE <u>R. F. Mattar</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orval K. Ottumre Gerald, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360

MAR 2 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest L. Altman

Signed.....
Student Embalmer

Licensed Embalmer No. 4054

P. O. Address Gerald, 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 this body is not embalmed, fact should be so stated above.