

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19566
State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5140 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stodard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Epps Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinder</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles on Highway Sixty</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Corporal Elza</u> b. (Middle) <u>Ethan</u> c. (Last) <u>VanMatre</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept. 7 1930</u>		9. AGE (in years last birthday) <u>20</u>		10. IF UNDER 1 YEAR: Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Zalma Bollinger Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Thomas VanMatre</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Sanders</u>		14. NAME OF HUSBAND OR WIFE	
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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) <u>Yes 3 years at time death</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas VanMatre</u> ADDRESS <u>Kinder Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound Multiple fracture of Skull</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				0734 10 32	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lost control of Motor Cycle on wet pavement turning over in Ditch</u> DUE TO (c)					

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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Epps Township Butler Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>June 16, 1951 PM 4:40</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall from Motor Cycle into a ditch</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:40 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Heer</u> (Degree or title) <u>3</u> Coroner		23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>6-20/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutesville</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 21-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0120
3

RECEIVED

JUN 26 1961

BUTLER CO. HEALTH CENTER

FILE No. 651-281

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 _____

Signed.....

Student Embalmer

Licensed Embalmer No. 2964

P. O. Address Coplar Butte

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.