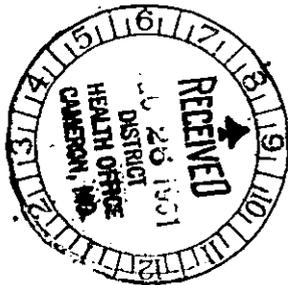


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40575
Registrar's No. 76

BIRTH NO.		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4016		Registrar's No. 76	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) Tarkio		c. LENGTH OF STAY (In this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Tarkio		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First) LOUIS		b. (Middle) MATHER		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Dec 11, 1951		5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	
8. DATE OF BIRTH Feb 25, 1875		9. AGE (In years last birthday) 76		10. MONTHS 9		11. DAYS 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY gen farming		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Allen Mather		13b. MOTHER'S MAIDEN NAME Martha Roman		14. NAME OF HUSBAND OR WIFE Ida Jane Mather			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. L. Mather Tarkio, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prev. Myocardial Infarction DUE TO (c) Coronary Artery sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C. vascular				INTERVAL BETWEEN ONSET AND DEATH Inst. 11 mos 70 yrs - 9 yrs -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		14 201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 7-3, 1950, to 12-11, 1951, that I last saw the deceased alive on 8-7, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 12/12/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0		24b. DATE 12/13/51		24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery		24d. LOCATION (City, town, or county) (State) Rock Port, Missouri	
DATE REC'D BY LOCAL REG. Dec 18, 1951		REGISTRAR'S SIGNATURE Marvin N. Schuler		25. FUNERAL DIRECTOR'S SIGNATURE 443 Davis Funeral Home		ADDRESS Tarkio, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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. 2394

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.