

FILED JUN 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23476

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6256 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Jefferson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Jefferson 110</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>McBee mo 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>Harley</u> c. (Last) <u>Van Matre</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 23 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan 18 1890</u>		9. AGE (In years last birthday) <u>62</u>		10. CITIZENSHIP (If under 2 yrs. Months) (Days) (Hours) (Min.) <u>3 5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>McBee, Mo</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Thomas Van Matre</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Lawrence</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Van Matre</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War #1</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Van Matre</u>	
				ADDRESS <u>McBee, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		DUE TO (c)					
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 <u>334X</u>		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)		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 1945, to April 23, 1952, that I last saw the deceased alive on April 22, 1952, and that death occurred at 6:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Masters</u>		23b. ADDRESS <u>Advocate, Mo.</u>		23c. DATE SIGNED <u>June 12, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 25-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McBee Chapel</u>	
		24d. LOCATION (City, town, or county) <u>McBee, Mo</u>		(State) <u>Mo</u>	

DATE REC'D BY LOCAL REG. <u>6/16/52</u>		REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd Morgan</u>	
				ADDRESS <u>Puxico Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 17 1952

WAYNE CO. HEALTH CENTER

FILE No. 652-43

FEB 21 1952

JUN 18 1952

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 William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Adams, 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.