

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8579**

REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6256** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Wayne			2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE Missouri , b. COUNTY Wayne		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson T.S.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McGee Jefferson T.S.		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Cyrene		b. (Middle) S.		c. (Last) Vanmatre		4. DATE OF DEATH (Month) (Day) (Year) 2 9 53		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 24 1869		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8 Days 13	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Anderson Gobble		13b. MOTHER'S MAIDEN NAME Gentry Seaton		14. NAME OF HUSBAND OR WIFE Ira Vanmatre	
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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) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ester Stephens McGee Mo,		
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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
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intermittent Heart Disease</p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b)</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p> <p>4200</p>						2

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **1/27**, 19**53**, to **2/9**, 19**53** that I last saw the deceased alive on **2/7**, 19**53** and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. S. ...		23b. ADDRESS Puxico Mo		23c. DATE SIGNED 2/12/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 11 53	24c. NAME OF CEMETERY OR CREMATORY Ward	24d. LOCATION (City, town, or county) (State) Two Mi S. Lutesville Mo		
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DATE REC'D BY LOCAL REG. FEBY 18 53	REGISTRAR'S SIGNATURE Mabel Beasley		341		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Service Puxico Mo,	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 19 1953

WAYNE CO. HEALTH CENTER

FILE No. 253-5

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 Walter Mark Watkins

Licensed Embalmer No. 4717

P. O. Address. Defton, 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.