

FILED JUN 13 1953

STANDARD CERTIFICATE OF DEATH

State File No. 20548

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6256 Registrar's No. 7

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) 75 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Jefferson T.S.		d. STREET ADDRESS (If rural, give location) McGee Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION			1110		
3. NAME OF DECEASED a. (First) Ira			b. (Middle) C.		c. (Last) Vanmatre
4. DATE OF DEATH (Month) (Day) (Year) 5 18 53		5. SEX M			
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 5 1867	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 13	IF UNDER 1 YEAR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME Thomas B. Vanmatre		13b. MOTHER'S MAIDEN NAME Ellen McHosgh		14. NAME OF HUSBAND OR WIFE Deceased.	
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 Thomas Vanmatre Zalma 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, asthma, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Not Known
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		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>1 Jan 51</u> , 19 <u> </u> , to <u>16 May 53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>16 May 53</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.					
23a. SIGNATURE D. D. Merrill (Degree or title) D.O.			23b. ADDRESS ADVANCE, MISSOURI		23c. DATE SIGNED 21 May 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21 53	24c. NAME OF CEMETERY OR CREMATORY Ward		24d. LOCATION (City, town, or county) (State) Lutesville Mo.
DATE REC'D BY LOCAL REG June 9 53		REGISTRAR'S SIGNATURE Mabel Beasley		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Service Purvis Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 22 1953

WAYNE CO. HEALTH CENTER

FILE NO. 653-28

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 Marsh

Licensed Embalmer No. 717

P. O. Address Dieter M. V.

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.