

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41929

370

6256

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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 Jefferso T.S.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferso T.S.		11/10 30		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) Edgar			a. (First)		b. (Middle) H.		c. (Last) Vanmetre	
4. DATE OF DEATH		(Month) 11		(Day) 12		(Year) 53		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 11 1869		
9. AGE (in years last birthday) 83		if UNDER 1 YEAR 11 Months 1 Days		if UNDER 24 HRS. 1 Hour 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) Vencennt Ind.		
12. CITIZEN OF WHAT COUNTRY?								
13a. FATHER'S NAME Tom vanmatre			13b. MOTHER'S MAIDEN NAME Martha McCurd			14. NAME OF HUSBAND OR WIFE Cora vanmatre.		
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 Noah vanmatre ADDRESS Marble Hill Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 10 Days	
<p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						
		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		331 X		
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 5 Sept , 19 44 , to 12 Nov , 19 53 , that I last saw the deceased alive on 9 Nov , 19 53 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Dr. William D. D. (Degree or title)				23b. ADDRESS Advance Mo.		23c. DATE SIGNED 16 Nov 53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11 15 53		24c. NAME OF CEMETERY OR CREMATORY Brush creek		24d. LOCATION (City, town, or county) (State) Rural Wayne Co Mo.		
DATE REC'D BY LOCAL REG. Nov. 17, 53		REGISTRAR'S SIGNATURE Artha M. Ward		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service Purisca ADDRESS Mo				

RECEIVED

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WAYNE CO. HEALTH CENTER.

FILE No. 11 53-46

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 Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.