

No. 300
10-48

FILED MAY 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. 14108

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 SPRING HILL</u>		d. STREET ADDRESS (If rural, give location) <u>120 SPRING HILL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>MATTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20 1956</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>FEB. 6. 1867</u>		9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JEWELER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>NEOSHO MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOHN MATTER</u>		13b. MOTHER'S MAIDEN NAME <u>SIRENE THELAN</u>		14. NAME OF HUSBAND OR WIFE <u>NAOMI MATTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-36-3580</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. E.R. MATTER NEOSHO 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis, generalized</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>4500</u>		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 Mar, 1955, to 4-20, 1956, that I last saw the deceased alive on April 20, 1956, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold C. Lutzman, M.D.</u>		23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>5-3-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-23-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Y.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>5-4-56</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corey Thompson, Jr. Neosho Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
District Health Officer No. Newton
District File Number 5-56-65
Date Filed MAY 8 1958

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 Leo V. Whitaker

Licensed Embalmer No. 4780

P. O. Address Wesley, 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.