

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19657

State File No.

0.300
0.48

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 688

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)	c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2205 Jules Street</u>		e. STREET ADDRESS (If rural, give location) <u>2205 Jules Street</u> <u>01170</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Martin</u> c. (Last) <u>Matherly</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 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>May 26, 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired several years</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Switchboard Police Dept</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barnard, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>A. J. Matherly</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Eisiminger</u>	14. NAME OF HUSBAND OR WIFE <u>Crystal Matherly</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-24-0061</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Crystal Matherly St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo ±</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr myocarditis</u>	DUE TO (b) <u>Hypertension</u>		<u>2 yrs ±</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Multiple Orthopedic Deficiencies, trunk</u>		<u>65 yrs</u>
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>443X</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 1 1956, to 6-19- 1956, that I last saw the deceased alive on 6-17, 1956, and that death occurred at 6:10P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mr. Grimes</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>6-22-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah, Missouri</u>
24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>June 26, 1956</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Amesshoffler & Deeman, St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Albert E. Harrington*

Licensed Embalmer No...3258.

P. O. Address St. Joseph,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.