

FILED OCT 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4033 State File No. 33096

BIRTH NO. _____ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 3000 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Amoret	c. LENGTH OF STAY (in this place) 38 years	c. CITY OR TOWN Amoret	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 None		e. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Isaac	b. (Middle) Eelmore	c. (Last) Matthews	4. DATE OF DEATH (Month) (Day) (Year) 10-10-56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 20 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (City and State or Foreign Country) / Boicourt, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Matthews	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Lenora A. Matthews (dec.)
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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. 500-10-6809	17. INFORMANT'S SIGNATURE OR NAME Clyde Matthews ADDRESS Amoret, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Coronary Occlusion DUE TO (c) Bacterial Endocarditis Rheumatic Arthritis, Arteriosclerosis + Atherosclerosis		20 Min 10 yrs 10-20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 **July 11, 1941** to **Oct 10, 1956**, that I last saw the deceased alive on **Oct 3, 1956**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Schubert, D.D. (Degree or title)	23b. ADDRESS Amoret, Missouri	23c. DATE SIGNED 10-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-13-56	24c. NAME OF CEMETERY OR CREMATORY Benjamin Cemetery	24d. LOCATION (City, town, or county) (State) Amoret, Missouri
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DATE REC'D BY LOCAL REG Oct. 13-56	REGISTRAR'S SIGNATURE Kendall Korman	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold, Amsterdam, Mo. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Robert L. Mangold*

Licensed Embalmer No..... 2489

P. O. Address LaCygne, Kan

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.