

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022808

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 274 Primary Registration District No. 5937 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washginton twmsp.		c. CITY OR TOWN Green Ridge	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2, Green Ridge		d. STREET ADDRESS (If outside, give location) Route 2,	
3. NAME OF DECEASED (Type or print) First LUCY Middle HEFNER Last MATHER		4. DATE OF DEATH Month June Day 17 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Jan. 11, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Pettis County, Missouri
13a. FATHER'S NAME Thomas J. Hefner		13b. MOTHER'S MAIDEN NAME Margaret Ann Stephens	14. NAME OF HUSBAND OR WIFE Richard Mather
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. none	17. INFORMANT Address Richard Mather, Rt. 2, Green Ridge, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) arterio sclerosis & Hypertension DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-5-57 to 6-17-58 and last saw her alive on 6-15-58 Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. B. Boyer M.D.		22b. ADDRESS Sedalia Mo	22c. DATE SIGNED 6/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/19/58	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR Wm. E. Evans	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. June 18, 1958	26. REGISTRAR'S SIGNATURE Granger Shelly By Betty Yeager Deputy

(Licensed Embellisher's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.