Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004375
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 4 Primary Registration District No. Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Community Hospital — Length of stay in 1b 7 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Tarkio — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First HARRY Middle ERNEST Last MATHER
4. DATE OF DEATH: Month Feb. Day 8 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: Sept. 14, 1900
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 4 Days 24 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): surveyer
10b. KIND OF BUSINESS OR INDUSTRY: engeneer
11. BIRTHPLACE (City and state or country): Tarkio, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: James L. Mather
13b. MOTHER'S MAIDEN NAME: Ida Lvon
14. NAME OF HUSBAND OR WIFE: Divorced
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-20-3806
17. INFORMANT: Lewis Mather Address: Westboro, Mo/

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Dec 24, 1958, to Feb 3, 1959 and last saw her/him alive on Feb 3, 1959
Death occurred at 4 am on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Edward S. Burr (Degree or title) MD
22b. ADDRESS Tarkio, Mo.
22c. DATE SIGNED 2/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/10/59
23c. NAME OF CEMETERY OR CREMATORY Linden Cemetery
23d. LOCATION (City, town, or county) Rock Port, Mo. (State)
24. FUNERAL DIRECTOR Davis Funeral Home ADDRESS Tarkio, Mo
25. DATE RECD. BY LOCAL REG. Mar. 2, 1959
26. REGISTRAR'S SIGNATURE Marvin N. Schooler
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.