

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042689

FILED VS. NOV 29 1960

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 31

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ADAM	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELS BERRY		Length of stay in 1b 2 MONTHS	c. CITY OR TOWN QUINCY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION LA DELLE NURS. HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 3525 LINDELL
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MYRL Middle VAN MATRE Last COOPER			4. DATE OF DEATH Month Nov. Day 17 Year 1960		
5. SEX Female	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-83	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
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) Mason Co - W. Virginia	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME OLIVER H. VAN MATRE		13b. MOTHER'S MAIDEN NAME MARY STEWART		14. NAME OF HUSBAND OR WIFE James R. - deceased 1928	
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 ROBERT COOPER - 3525 LINDELL - QUINCY, ILL.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC UTERINE PARITIS		INTERVAL BETWEEN ONSET AND DEATH 10M ±
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) DE. THYROTOXICOSIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 **9-19-60** to **11-17-60** and last saw her ^{her} alive on **11-15-60**
Death occurred at **4:55 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>[Signature]</i>	22b. ADDRESS Elsberry, Mo	22c. DATE SIGNED 11/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Greenwood
23d. LOCATION (City, town, or county) Clarksville, Mo.		(State)

24. FUNERAL DIRECTOR O. C. Ricks	ADDRESS Elsberry, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 22, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 *C. J. [Signature]*

Licensed Embalmer No. 4012

P. O. Address Elsberry, M

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.