

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010037

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 109

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

**FILED APR 10 1961**

1. PLACE OF DEATH  
 a. COUNTY Pettis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 6 weeks  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Pettis  
 c. CITY OR TOWN Green Ridge Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First RICHARD Middle MATHER Last  
 4. DATE OF DEATH Month April Day 4 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12/26/33 9. AGE (last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture 11. BIRTHPLACE (City and state or country) Pettis County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME B.T. Mather 13b. MOTHER'S MAIDEN NAME Elizabeth Elliott 14. NAME OF HUSBAND OR WIFE Lucy Hefner 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. \*\*\*\*\* 17. INFORMANT Mrs. John Hampton, Sedalia, Mo. Address Route 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Staphylococcus Infection of wound 5 Wks  
 DUE TO (b) Fracture of Shaft of right Femur 6 Wks  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) was driving his own car which was involved in collision with another car

20c. TIME OF INJURY Hour 3:30 Month Feb Day 21 Year 1961 p.m.  
 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.) on State Highway 52 20f. CITY, TOWN, OR LOCATION Pettis COUNTY Mo STATE

21. I attended the deceased from Feb 21 1961 to April 4 1961 and last saw him alive on April 3 1961  
 Death occurred at 6:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G.L. Walter MD 22b. ADDRESS Sedalia Mo 22c. DATE SIGNED 4-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/6/61 23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery 23d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.

24. FUNERAL DIRECTOR Francis Shelby ADDRESS Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. 4-4-1961 26. REGISTRAR'S SIGNATURE Francis Shelby

**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.