

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16548**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **126**

423

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hosp.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose</u>	
d. STREET ADDRESS <u>Davis Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGAURET ANN</u> b. (Middle) <u>MATTER</u> c. (Last) <u>MATTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 5, 1904</u>
9. AGE (In years last birthday) <u>45</u> MONTHS <u>6</u> DAYS <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R. W. Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Sky</u>	
14. NAME OF HUSBAND OR WIFE <u>Maurice Matter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maurice Matter</u>		ADDRESS <u>Montrose Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montrose Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 4, 1950</u> , to <u>May 9, 1950</u> , that I last saw the deceased alive on <u>May 9, 1950</u> and that death occurred at <u>12 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, M.D.</u>		23b. ADDRESS <u>Clinton, Mo</u>	
23c. DATE SIGNED <u>11 May 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 13, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stousschapel</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 11, 50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>W. A. Tansant</u>		ADDRESS <u>Clinton, Mo</u>	

RECEIVED 5-15-50
District Health Officer No. 7
District File Number 4-80-2
Date Filed 5-15-50

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 _____
Student Embalmer

Signed H. A. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton,

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