

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13017

FILED MAY 12 1949

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

BIRTH NO.		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELMAR</u> b. (Middle) <u>LEWAN</u> c. (Last) <u>VAN MATRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-1949</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>Feb. 25-1878</u>	9. AGE (In years last birthday) <u>71</u>	If UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	If UNDER 2 Wks. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nursery</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver VanMatre</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Getta VanMatre</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George VanMatre - Elsberry</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA PANCREAS</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETIS MELLITIS</u></p>				INTEGRAL BETWEEN ONSET AND DEATH <u>6 MO</u>			
				157X			
				14R			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>MAR 31, 1949</u> , to <u>APRIL 17, 1949</u> , that I last saw the deceased alive on <u>APRIL 17, 1949</u> , and that death occurred at <u>1:25 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. J. ... M.D.</u>			23b. ADDRESS <u>Elsberry, Mo</u>			23c. DATE SIGNED <u>4/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELSBERRY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ELSBERRY MO</u>		
DATE REC'D BY LOCAL REG. <u>4/23/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. Dewey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifton Mills, Elsberry</u>			

Date Filed MAY 11 1949

District File Number

District Health Officer No. 9,

RECEIVED

MAY 11 1949

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 April 7-

Student Embalmer No. ....

working under my personal supervision.

Signed Clifton Miller

Signed .....  
Student Embalmer

Licensed Embalmer No. 3364

P. O. Address Elberry, Md

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.