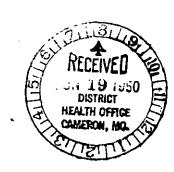
5. No.300	FILED JUN 22 1950	THE DIVISION OF HE STANDARD CERTIF		19812			
v. 10.48	BIRTH NO	90	PRIMARY REG. DIST. NO.53	74 Registrar's No. 35			
32	i. PLACE OF DEATH a. COUNTY DEKalb		2 USUAL RESIDENCE OF A. STATE Missour	where deceased lived. If institution: residence before			
<u> </u>	b. CITY (If outside corporate limits, write OR OBDORN (Ri	RURAL and give C. LENGTH OF STAY (in this place) 50 Yrs.	c. CITY (If outside corporate limits OR TOWN OBDOTE				
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET (II rura), ADDRESS	give location)			
	3. NAME OF a. (First) DECEASED (Type or Print) SAMUE	b. (Middle)	c. (Last) MATTER	4. DATE (Month) (Day) (Year) OF June 1 1950			
ANEN	5. SEX O 6. COLOR OR RACE White	T. MARRIED, NEVER MARRIED, WHOCHED, DIVORCED (Speedly)	8. DATE OF BIRTH June 18 1883	9. AGE (In years IF UNDER I YEAR IF UNDER II HES. Last hirthday) Mouths   Days   Hours   Min.			
PERMANENT	10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired FATMOT		11. BIRTHPLACE (State or foreign of St. Joseph. Mo.	ountry)  12. CITIZEN OF WHA COUNTRY?  U. S.			
	13a. FATHER'S NAME	136. MOTHER'S MAIDEN		E OF HUSBAND OR WIFE			
▼:	Samuel Matter	Anna Bau	er Rub	y I. Matter			
MAKE	15. WAS DECEASED EVER IN U.S. ARMEE (You now miknown) (If you, give war or dat		Mrs. Ruby I. Ma	ature or name Address tter,Osborn Mo. R. F. D.			
- 1	18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH						
IN	line for (a), (b), and (c)  DIRECTLY LEADING TO DEATH*(a)  OVON AYY  AYOM (-05/5)  O						
, ACK	*This does not mean the mode of dying, such as heart follure, asthenia, if any, gioing DUE TO (b) CAVORIC My v Cavordid Insufficiency 2 495.  ANTECEDENT CAUSES  Morbid conditions, if any, gioing DUE TO (b) CAVORIC My v Cavordid Insufficiency 2 495.						
BLA	as heart failure, asthenia, the underlying of	ause last.	neralized art	enticalaritie time			
· ·	tion which caused death.	DUE TO (c)	MC AN I Z	EVISEIE1033 3413.			
NDIN	Conditions cont	ributing to the death but not sease or condition causing death.	***	4201			
UNFADING	19a. DATE OF OPERA TION 19b. MAJOR FI	NDINGS OF OPERATION		20. AUTOPSY?			
USING	21a, ACCIDENT (Bpecify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHII	P) (COUNTY) (STATE)			
sn-	21d. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?				
PLAINLY	22. I hereby certify that I attended the deceased from $3/3/$ , 1941, to 6/1, 195V, that I last saw the deceased alive on 5-26, 79D, and that death occurred at 60 m., from the causes and on the date stated above.						
	23a. SIGNAPORE	(Degree or title)	23b. ADDRESS	230. DATE SIGNED			
WRITE	24a. BURTAL, CREMS 24b. DATE TION, REMOVAL (Booting)	24c. NAME OF CEMETER Ridgevil	le Osb	orn Mo R. F. D.			
<b>F</b>	DATE REC'D BY LOCAL REGISTRAR'S		25 FUNERAL DIRECTOR'S S	HOME MAYSVILLE MO.			
	(Licensed Embalmer's Statement on Reverse Side)						



## 'STATEMENT BY LICENSED EMBALMER

	I hereby certify that the bod	y whose name is recorded on the	reverse side of this o	ertificate was embalmed by	y me, or by
· 			,	Student Embalmer No.	

working under my personal supervision.

Student Embalmer

Signe

cher Licensed Embalmer No.....

Maysville Mo P. O. Address

3960

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.