

FILED JUL 1 1957

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CANAN TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>ELSBERRY</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		d. STREET ADDRESS <u>0570</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WIRT HAYMAN VAN MATRE</u>				4. DATE OF DEATH Month Day Year <u>6 24 57</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-15-87</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED EMBALMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EMBALMING</u>		11. BIRTHPLACE (City and state or country) <u>POINT PLEASANT, W. VA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>OLIVER H. VAN MATRE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY M. STEWART</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA ROGERS VAN MATRE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-01-3294</u>		17. INFORMANT Address <u>MRS. CLARA VAN MATRE ELSBERRY MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Former Jury Report.</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>DUE TO AUTO ACCIDENT</u>		<u>8161</u>			
		DUE TO (c) <u>CAR CRASHING INTO TRUCK.</u>		<u>26</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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 Month, Day, Year <u>9:50 a.m. 6-24-57</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1 1/2 mi North Owensville</u>		20f. CITY, TOWN, OR LOCATION <u>Owensville</u> COUNTY <u>Gasconade</u> STATE <u>MO.</u>			
21. I attended the deceased from <u>May 28</u> to <u>June 28</u> and last saw her alive on <u>June 28</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Hugo H. Blumer, Parson</u>				22b. ADDRESS <u>Herman MO</u>		22c. DATE SIGNED <u>6/24/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 27 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOCAL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ELSBERRY MISSOURI</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Melford W. Winter OWENSVILLE</u>			25. DATE RECD. BY LOCAL REG. <u>June 27, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JUL 15 1957

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 *Walter H H Winter*

Licensed Embalmer No. *3838*

P. O. Address *OWENSVILLE*

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.