

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028578

FILED VS SEP 9 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osborn (Rural)		c. CITY OR TOWN Osborn	
Length of stay in lb Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First TRUMAN Middle GLEN Last MATTER			4. DATE OF DEATH Month Sept. Day 1 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-11-1912	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DeKalb County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Samuel Matter	13b. MOTHER'S MAIDEN NAME Ruby Haley	14. NAME OF HUSBAND OR WIFE Bernice Matter
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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. 487-14-8573	17. INFORMANT Address Mrs Bernice Matter-Osborn Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH 45 min
IMMEDIATE CAUSE (a) Traumatic Skull Fracture		
DUE TO (b) Tractor accident		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetic Retinopathy	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) Tractor Hit Road Bank & Landed over
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20c. TIME OF INJURY Hour 5:00 Month, Day, Year 9-1-59 p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN OR LOCATION Osborn COUNTY DeKalb STATE Mo
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21. I attended the deceased from 1957 to 1959 and last saw him/her alive on 8-24-59 Death occurred at 5 PM on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE J. S. Compton (Name or title)	22a. ADDRESS Osborn, Mo	22c. DATE SIGNED 9-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/3-1959	23c. NAME OF CEMETERY OR CREMATORY Ridgeville	23d. LOCATION (City, town, or county) (State) Osborn, Mo. R.F.D.
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24. FUNERAL DIRECTOR Pilcher Funeral Home, Maysville Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 9-2-59	26. REGISTRAR'S SIGNATURE Roscoe Davidson
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BY AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

6961 6 100 SK
OCT 9 1959

SEP 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
C.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.