

FILED JUN 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17802

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 34
(b) Township Exeter Primary Registration District No. 6239 Registered No. 8
(c) City Exeter (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

352 Ray Stanley Mattingly
(a) Residence, No. Exeter St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter Barry Co. Mo.13. NAME Wilmer Ernie Mattingly14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter Missouri15. MAIDEN NAME Artie Fern Ryan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batterfield Missouri17. INFORMANT (ADDRESS) Mr. & Mrs. Wilmer Mattingly Exeter Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cemetery April 15, 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) Friends - 3320. FILED May 29, 1940 Mrs. H. P. Searey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 - 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebro Spinal
(Birth Injury)
Lived Two hours

Date of onset

Other contributory causes of importance:

Premature Labor

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. D. Baldwin M. D.(Address) Exeter Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 114028

RECEIVED

District Health Officer No. 6,

District File Number 640-1351

Date Filed JUN 13 1954

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.