

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.

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1651
Registrar's No. 1

Registration District No. 6239 34 Primary Registration District No. 6239

1. PLACE OF DEATH:
(a) County Barry Township
(b) City or town Exeter - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Yrs years, months or days

3. (a) PRINT FULL NAME Lewis Thomas Mattingly
3. (b) If veteran, name war -
3. (c) Social Security No. 5-209

4. Sex M 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mahala
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 16 1953
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Monett Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name James Mattingly
13. Birthplace D.K. (State or foreign country) 9
14. Maiden name Lutisia Cameron
15. Birthplace D.K. (State or foreign country) 9

16. (a) Informant's own signature Lilla Clancy
(b) Address Exeter, Mo.

17. (a) Burial (b) Date thereof Jan. 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Barry Island
(b) Address Exeter, Mo. - By R.T. Bare

19. (a) Jan. 2 - 1941 (b) Mrs. W. P. Searey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North of Exeter
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1941 hour 6 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 25
31, 1940, to Sept 25, 1940
that I last saw him alive on Sept. 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration 5 yrs.
Due to Essential hypertension 10 yrs.
Due to Prostatic hypertrophy 5 yrs.
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings:
Of operations 92 N
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 33
(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature Ed McDaniel (nr. 12 or other) 33
Address Cassville, Mo. Date signed 1/1/41

RECEIVED

District No. 11

Case No. 6

District File Number

141-246

Date Filed

FEB 8 1941

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.