

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29212

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>717 Lincoln Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) _____ c. (Last) <u>Silbreath</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 '49</u>		
--	--	--	--	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 5 - 1877</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>4</u>	11. UNDER 12 HRS. Days <u>8</u>	12. UNDER 1 HRS. Hours <u>8</u> Min. _____
-----------------	----------------------------	---	--------------------------------------	---	----------------------------------	---------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Henry Steffen</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Karthinski</u>		14. NAME OF HUSBAND OR WIFE <u>Claud Silbreath</u>			
---	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claud Silbreath 717 Lincoln</u>			
---	--	-------------------------------------	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>neuralgia-myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.						<u>366x</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Sept 11, 1949 to Sept 13, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. F. J. Moennighoff, M.D.</u>		23b. ADDRESS <u>313 Broadway</u>		23c. DATE SIGNED <u>Sept 14, 49</u>	
---	--	----------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 14 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Mo</u>	
---	--	------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>9-17-49</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Gordon Bennett, Monett, Mo.</u>	
---	--	---	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 28 1949

District Health Office No. 6,

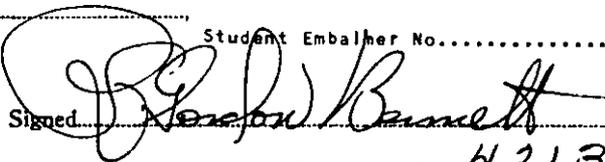
District File Number 1049-1093

Date Filed 10-10-49

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.....

.....
working under my personal supervision.

Signed  Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Maxett, 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 this body is not embalmed, fact should be so stated above.