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FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1963

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville	c. LENGTH OF STAY (In this place township) 10 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 Holly Street		d. STREET ADDRESS (If rural, give location) 203 Holly Street	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Schremp c. (Last) Mattingly			4. DATE OF DEATH (Month) (Day) (Year) January 27, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 19, 1916	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry		11. BIRTHPLACE (State or foreign country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isadore Schremp		13b. MOTHER'S MAIDEN NAME Lila Milfelt		14. NAME OF HUSBAND OR WIFE Jesse Mattingly	
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. 489-26-6493		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jesse Mattingly, 203 Holly St., Perryville,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - General metastasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 17 1/2 6 mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **July 15, 1950**, to **Jan 27, 1950**, that I last saw the deceased alive on **Jan 27, 1950**, and that death occurred at **7:45 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Barron M.D.		23b. ADDRESS Perryville Mo		23c. DATE SIGNED 1-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE Jan. 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Perryville, Mo.	

DATE REC'D BY LOCAL REG Jan 30 - 1950	REGISTRAR'S SIGNATURE Joe J. Zellner	25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey	ADDRESS Perryville, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-184

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.

Student Embalmer No.....

Signed..... *Albert Bey*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3586*.....

P. O. Address. *Gearyville, 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.