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FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16174

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4125 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Clark County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Revere, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~State~~ Missouri
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Revere, Missouri 6230
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Flora b. (Middle) O c. (Last) Mattocks

4. DATE OF DEATH (Month) April (Day) 28" (Year) "50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 23" 1878
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (State or foreign country): Eldon, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Thomas Glasgow
13b. MOTHER'S MAIDEN NAME: Minila Lawson
14. NAME OF HUSBAND OR WIFE: William Mattocks

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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William Mattocks, Rrvere, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy, (Cerebral)

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.

INTERVAL BETWEEN ONSET AND DEATH: 33 4X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28 "50, 19__, *to* 4/28", 1950, *that I last saw the deceased alive on* 3/28", 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. McConnell M.D.
23b. ADDRESS: Revere, Missouri
23c. DATE SIGNED: 5/5"50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: May 1" 1950
24c. NAME OF CEMETERY OR CREMATORY: Kanoka, Cem.
24d. LOCATION (City, town, or county) (State): Kanoka, Missouri

DATE REC'D BY LOCAL REG.: 5/12" 50
REGISTRAR'S SIGNATURE: J. R. Bridges 61
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sutling, Und. Kanoka, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 16 1950
District Health Officer No. 1
District File Number 5-50-84
Date Filed

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student .....
Student Embalmer

Signed Otis L. Guttenq

Licensed Embalmer No. 2965

P. O. Address Luray Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.