

FILED MAY 31 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17681

State File No.

REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 30

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

| | | | | | | | |
|---|-------------------------------|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>273</u> | | PRIMARY REG. DIST. NO. <u>5915</u> | | Registrar's No. <u>30</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township OR <u>TOWN Rural Central Township</u>) | | c. LENGTH OF STAY (in this place) <u>58 Years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN Rural Central Township</u> | | <u>1790</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perryville, Mo. R.3.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Perryville, R.3.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosetta</u> | | b. (Middle) <u>Alicia</u> | | c. (Last) <u>Mattingly</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>November 7, 1872</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days Hours Min. | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 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 | | 11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Theodore Picou</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rachel Patterson Picou</u> | | 14. NAME OF HUSBAND OR WIFE <u>Robert Mattingly</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Huber, Perryville, Mo.</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4427</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> | |
| 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) m. | | 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 <u>May</u> , 19 <u>40</u> , to <u>Apr 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr 16</u> , 19 <u>50</u> , and that death occurred at <u>2:20 P.M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>U</u> | | | | 23b. ADDRESS <u>Perryville, Mo.</u> | | 23c. DATE SIGNED <u>4-17-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 19, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u> | | 24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-17-50</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>250</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Bey, Perryville, Mo.</u> | | | |

SEP 29 1956
HEALTH OFFICE No. 1
Permit No. 250-231

SEP 27 1956

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.....
Student Embalmer

Signed *Albert Bey*.....

Licensed Embalmer No. *3866*.....

P. O. Address *Perryville, 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.