No. 300
10-48

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38171

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 212

923

1. PLACE OF DEATH
a. COUNTY St CHarles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles
c. LENGTH OF STAY (in this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 717 Jefferson St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles 0923
d. STREET ADDRESS (If rural, give location) 717 Jefferson St

3. NAME OF DECEASED (Type or Print)
a. (First) Mollie
b. (Middle)
c. (Last) Trescott

4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1950

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 28 1869
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 7 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Lincoln County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Mattocks
13b. MOTHER'S MAIDEN NAME Elizabeth Blackmore
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Nil
17. INFORMANT'S SIGNATURE OR NAME Mabel Knox 717 Jefferson St — ADDRESS

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) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) gen. arteriosclerosis. — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 33 X

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* 3-15 —, 1948, *to* 11-10 —, 1950, *that I last saw the deceased alive on* 11-10 —, 1950, *and that death occurred at* 5A *m., from the causes and on the date stated above.*

23a. SIGNATURE R. J. Bradley M.D. (Degree or title)
23b. ADDRESS 126 S. Main St.
23c. DATE SIGNED 11-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 12 1950
24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery
24d. LOCATION (City, town, or county) (State) Lincoln County Mo

DATE REC'D BY LOCAL REG. 11-25-50
REGISTRAR'S SIGNATURE Fannie Hamilton 294
25. FUNERAL DIRECTOR'S SIGNATURE Arthur C Bane — ADDRESS St Charles

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 19 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

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.

Signed Frederick W. Bauer

Signed _____
Student Embalmer

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.