

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC 29 92 06
REG # 100,463

State File No. _____

No. 300
10. 48

FILED MAY 19 1952 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1182

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.	c. LENGTH OF STAY (In this place) 61 DAYS 23	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	2231
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If rural, give location) 1409 S. 10TH ST.	

3. NAME OF DECEASED (Type or Print) a. (First) OTIS	b. (Middle) (NMI)	c. (Last) MATTINGLY	4. DATE OF DEATH (Month) (Day) (Year) MAY 3, 1952	
--	-----------------------------	-------------------------------	---	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-3-94	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 0	IF UNDER 1 HR. Hours 0	IF UNDER 15 MIN. Min. 0
-----------------------	----------------------------------	--	------------------------------------	--	---------------------------------------	--------------------------------------	-------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) STONE FORT, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	---	---	--	---	--

13a. FATHER'S NAME JOHN MATTINGLY	13b. MOTHER'S MAIDEN NAME MYRA DUNN	14. NAME OF HUSBAND OR WIFE BEULAH MATTINGLY	
---	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 488-16-6379	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.	
---	---	---	--

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) PULMONARY TUBERCULOSIS		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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) VA	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 3-3, 1952, to 5-3, 1952, and that death occurred at 6:16am., from the causes and on the date stated above.

23a. SIGNATURE N. H. Zeller (Degree or title)	23b. ADDRESS VET ADM HOSP JEFF BRKS, MO.	23c. DATE SIGNED 5-3-52
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Jefferson Brk's National	24d. LOCATION (City, town, or county) (State) Jefferson Brk's, Mo.
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. 5-5-52	REGISTRAR'S SIGNATURE Herbert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home 2301 Lafayette
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

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 James R. Chapman

Licensed Embalmer No. 4650

P. O. Address St. Louis, 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.