

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4488

FILED FEB 6 1953

State File No.

BIRTH NO. --- REG. DIST. NO. 933 PRIMARY REG. DIST. NO. 3074 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 HUNTER</u>		d. STREET ADDRESS (If rural, give location) <u>502 HUNTER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>LANGSDALE</u> c. (Last) <u>MATTINGLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-25-1904</u>	9. AGE (in years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DEP. MOTOR VEH. COMM.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto LICENSE BUREAU</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHARLESTON MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>HERMAN R. MATTINGLY</u>	13b. MOTHER'S MAIDEN NAME <u>WILLIE V. LANGSDALE</u>	14. NAME OF HUSBAND OR WIFE <u>EMILY MATTINGLY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emily Mattingly</u> ADDRESS <u>Sikeston Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>416X</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 about - 1940, to 1-12, 1953 that I last saw the deceased alive on 1-12, 1953, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sharon O. McCreary</u> (Degree or title)	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>1/26/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>
24d. LOCATION (City, town, or county) (State) <u>CHARLESTON, MO</u>		
DATE REC'D BY LOCAL REG. <u>1-27-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> 429	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home</u> ADDRESS <u>Sikeston Mo</u>

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

RECEIVED
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 253-25

MAR 12 1953

APR 21 1953

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sekeston 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.