

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18131
State File No. 339
Registrar's No. 2269

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL* POPLAR BLUFF Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St, Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HIGHWAY 60		d. STREET ADDRESS (If rural, give location) 1124 Buchanan St.	

3. NAME OF DECEASED (Type or Print)	a. (First) MILDRED	b. (Middle) VERA	c. (Last) MATTINA	4. DATE OF DEATH (Month) (Day) (Year)	MAY 30 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH Aug, UNKNOWN/9/2	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done, if not in last 12 months, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harrison Barton	13b. MOTHER'S MAIDEN NAME Nora Pryor	14. NAME OF HUSBAND OR WIFE Antonio Mattina
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ALFONZO MINCAO-2554 PALM ST. ST. LOUIS	ADDRESS MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8164 26		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hdq., etc.) State highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Twp. Butler mo 012
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30, 1954 5:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head on Collision 2 automobiles

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Grover W. Greer	(Degree or title)	23b. ADDRESS Poplar Bluff mo	23c. DATE SIGNED May 31-54
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24a. PORTAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-31-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
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DATE REC'D BY LOCAL REG. 6/9/54	REGISTRAR'S SIGNATURE J. C. White	25. FUNERAL DIRECTOR'S SIGNATURE J. C. White	ADDRESS Fisk, Mo.
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RECEIVED
JUN 14 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

JUL 2 1954
JUN 25 1954

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Seyler, 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.