

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37187**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **78**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (in this place) 4 years		d. STREET ADDRESS (If rural, give location) 4201	
d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson Home (Howard Bullock)		d. STREET ADDRESS (If rural, give location) 4201	

3. NAME OF DECEASED (Type or Print) George Berry Matsinger			4. DATE OF DEATH (Month) (Day) (Year) 11 22 1954		
a. (First)	b. (Middle)		c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-12 1855
5. SEX male	6. COLOR OF RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (in years) last birthday 99	F UNDER 1 YEAR Days 2	F UNDER 1 MIN. Hours 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) Calhoun Mo	
13a. FATHER'S NAME Alfred Mattinger		13b. MOTHER'S MAIDEN NAME Mary Henry		14. NAME OF HUSBAND OR WIFE Georgia Ann Mattinger	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way & dates of service)		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Bullock Windsor	
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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) Coronary Occlusion		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1 hr	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____	

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) Windsor Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Jan 1 1954** to **Nov 22 1954**, that I last saw the deceased alive on **Nov 22 1954**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray B Jordan MD		23b. ADDRESS Windsor Mo		23c. DATE SIGNED 11-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-23-1954		24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery	
24d. LOCATION (City, town, or county) (State) Calhoun Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. A. Housey		ADDRESS Calhoun Mo	
DATE REC'D BY LOCAL REG. Nov 24-54		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. A. Housey Calhoun Mo	

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 *J. A. Housey* _____

Licensed Embalmer No. *3502* _____

P. O. Address *Calhoun 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.