FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44337

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2905

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9301 Grover

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton 4820
d. STREET ADDRESS (If rural, give location): 9301 Grover 6

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Dorthulia
c. (Last): Plant

4. DATE OF DEATH (Month) (Day) (Year): December 17, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 16, 1872
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: ~~John Summers~~ John Summers Matheny
13b. MOTHER'S MAIDEN NAME: ~~Mary Dorthulia Matheny~~ Ellen Bradshaw
14. NAME OF HUSBAND OR WIFE: ~~Jake Patrick~~ Jacob P Plant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: ~~Ott Ellea~~ Ottellea Messerly
ADDRESS: 9301 Grover Affton, Mo.

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) Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility & malnutrition

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 493X
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* _____, 195_, *to* 12-17-, 1954, *that I last saw the deceased alive on* 12-17-, 1954, *and that death occurred at* 10.30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ed F. Wallace (Degree or title): M.D.
23b. ADDRESS: University Club Bldg
23c. DATE SIGNED: 12-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 17, 1954
24c. NAME OF CEMETERY OR CREMATORY: Marianna, Ark.
24d. LOCATION (City, town, or county) (State): Marianna, Arkansas

DATE REC'D BY LOCAL REG.: 12-17-54
REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Hoffmeister Undertaking & Livery Co. 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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

#11, 13a-b, 14, 17 amended by aff of great-granddaughter, 1880 & 1920 census, parent's & decedent's marr

lic 08/21/2015 fb

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Louis C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.