

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14541

State File No. _____

FILED JUN 15 1955

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5008</u>		Registrar's No. <u>155</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>New Boston (RURAL)</u>)		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>New Boston R. F. D.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home, Walnut Twp.</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Mattingley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 11, 1896</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen B. Mattingley</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie E. Cohoon</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Gramling Mattingley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Mattingley, New Boston, Mo.</u> ADDRESS _____			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Myelogenous Leukemia</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
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 <u>2041</u>				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) _____		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 <u>March 29, 1955</u> , to <u>June 8, 1956</u> , that I last saw the deceased alive on <u>June 6, 1955</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Rhoads, M.D.</u> (Degree or title)				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>6-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winigan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Winigan, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-9-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kate Lambert</u> ADDRESS <u>Kirkville, Mo.</u>			

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,
Signature of Student Embalmer

Signed *George W. Davalt*

Licensed Embalmer No. *479*

P. O. Address *Kerpsum*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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