

82486

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY <u>CAPE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON (in city)</u>	c. LENGTH OF STAY (in this place) <u>3 YRS.</u>	c. CITY OR TOWN <u>CHAFFEE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEAR NURSING HOME</u>		STREET ADDRESS (If rural, give location) <u>DAVIDSON AVENUE 1001</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>MATTOCKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 22, 1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OF RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7-11-1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>3</u> IF UNDER 24 HRS. Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Florence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J.B. M. DANIEL</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA HUNTER</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES E. MATTOCKS</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 ADDRESS <u>Ralph MATTOCKS - CHAFFEE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>13 yrs</u> <u>Don't know</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> 4221						

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)	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 June, 1947, to Oct 22, 1955, that I last saw the deceased alive on Oct 21, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Summers M.D.</u>		23b. ADDRESS <u>Chaffee, Mo.</u>		23c. DATE SIGNED <u>10-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-24-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHAFFEE (SCOTT) MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>11-4-55</u>	REGISTRAR'S SIGNATURE <u>W. C. Summers</u> 44-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Jack J. Burnett*

Licensed Embalmer No. 44

P. O. Address *Chaffee*

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.