

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 11 1956

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>20 hrs.</u>		c. CITY OR TOWN <u>Rolla</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>Phelps County Memorial Hospital</u>				STREET ADDRESS (If rural, give location) <u>119 South Elm St.,</u> <u>08120</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DEE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>MATLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 April 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 18, 1929</u>	
9. AGE (In years last birthday) <u>26</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elect. Utilities</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Matthew T. Matlock</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miers</u>		14. NAME OF HUSBAND OR WIFE <u>Joan (Divorced)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>		16. SOCIAL SECURITY NO. <u>486 30 9334</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. T. Matlock</u>		ADDRESS <u>Rolla, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Brain Injury</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured skull</u>				DUE TO (c) <u>Car accident</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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 68</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Phelps County</u>		21d. HOW DID INJURY OCCUR? <u>Car accident</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 3 56 2<sup>PM</sup></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>4-3-56</u> <u>19</u> , to <u>4-3-56</u> <u>19</u> , that I last saw the deceased alive on <u>4-3-56</u> and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. C. [Signature]</u>				23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>4/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 5, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Null &amp; Sons Funeral Home</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number 978

Date Filed APR 9 1957

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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..... *Paul E. N...*

Licensed Embalmer No....4...

P. O. Address..... *Rolla*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.