

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15500

State File No. ....

Registrar's No. 37

BIRTH NO. ....		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5041		Registrar's No. 37			
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry 0-450					
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural (Flat Creek Twp.)		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN Cassville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION /				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) FLORA		b. (Middle)		c. (Last) MATTINGLY		4. DATE OF DEATH (Month) (Day) (Year) May 17, 1956			
5. SEX female /		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH March 12, 1880			
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri 0			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hugh Graves		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Sapp		14. NAME OF HUSBAND OR WIFE James Mattingly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Mattingly, Cassville, Missouri					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage --				ANTECEDENT CAUSES DUE TO (b) High blood pressure					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
11. 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		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 1950, to May, 1956, that I last saw the deceased alive on May 15, 1956, and that death occurred at 5:45 pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Herbert M. Dwyer M.D.				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 5-23-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-1956		24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Barry County, Missouri			
DATE REC'D BY LOCAL REG. 5-26-56		REGISTRAR'S SIGNATURE Mary McDonald deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul D. Deubert Cassville, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 556-95

DATE REC. 5-28-56

MAY 31 1956

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 D. Venbest

Licensed Embalmer No. 457

P. O. Address Cassville

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.