

FILED JUL 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. **25672**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5938** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give RURAL and give township) Rural, Newburg Rt. 2		c. CITY OR TOWN Rural...Newburg	
c. LENGTH OF STAY (in this place) 17 years		d. FULL NAME OF HOSPITAL OR INSTITUTION HiWay 66 at Beacon Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Rt. 2 Newburg.	

3. NAME OF DECEASED (Type or Print) MATTIE VIOLA HEFLIN		4. DATE OF DEATH 8 July 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1897
9. AGE (in years last birthday) 60		IF UNDER 21 HRS. 4 DAYS 17 HOURS 17 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY xx	
11. BIRTHPLACE (City and State or Foreign Country) Phelps County, Mo.,		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Fletcher Roderick	13b. MOTHER'S MAIDEN NAME Frances E. Burgatt	14. NAME OF HUSBAND OR WIFE Fred Heflin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. xx	17. INFORMANT'S SIGNATURE OR NAME Fred Heflin, Rt. 2 Newburg, 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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Metastatic Carcinoma		
	ANTECEDENT CAUSES of uterus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe anemia + general debility			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 174x 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 **April 12, 1957** to **July 8, 1957**, that I last saw the deceased alive on **July 8, 1957**, and that death occurred at **9:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard E. Myers	23b. ADDRESS Newburg, Mo.	23c. DATE SIGNED July 10
24a. BURIAL, CREMATION, TIGER REMOVAL (Specify) Burial	24b. DATE 10 July 1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
24d. LOCATION (City, town, or county) (State) West of Rolla, Missouri.		

DATE REC'D BY LOCAL REG. July 15, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	ADDRESS Rolla Mo.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 765

Date Filed JUL 12 1957

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 S. L. V. [Signature]

Licensed Embalmer No. 2297

P. O. Address Rolle, Mo

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.