

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010441

STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 51

300
-57
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1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY JEFFERSON <u>0500</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FESTUS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY 61		Length of stay in 1b	d. STREET ADDRESS R#2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BONITA SUE MATLOCK			4. DATE OF DEATH Month Day Year 3-15-58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6-26-1939
9. AGE (In years last birthday) 18		10. USUAL OCCUPATION (Give kind of work done throughout life, even if retired) BOOKKEEPER	11. BIRTHPLACE (City and state or country) WHEELER, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME CHARLES M. MATLOCK	
13b. MOTHER'S MAIDEN NAME HATTIE B. GENDRON		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. CHAS. MATLOCK FESTUS, MO. R#2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Fractures</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Accident.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>1:30 a.m. 3/15/58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>050</u> STATE <u>Crystal City</u> <u>JEFF</u> <u>MO.</u>	
21. I attended the deceased from <u>Emergency</u> to _____ and last saw ^{her} _{him} alive on _____ Death occurred at <u>1:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James C. DeLoach M.C. Coone</u> ³		22b. ADDRESS <u>Festus Mo.</u>	
22c. DATE SIGNED <u>3/18/58</u>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-18-58	
23c. NAME OF CEMETERY OR CREMATORY ROSELAWN MEMORIAL		23d. LOCATION (City, town, or county) CRYSTAL CITY, MO	
24. FUNERAL DIRECTOR GENTRY R. POLITTE, CRYSTAL CITY		25. DATE RECD. BY LOCAL REG. 3-19-58	
26. REGISTRAR'S SIGNATURE <u>James A. [Signature]</u>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature and refer to all diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 25 1958

702-1111
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3-20-58

8954 MAY 1 1958

ADL

STAMPALE, JENNIFER

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 *Bentley R. Pali*

Licensed Embalmer No. *348*
P. O. Address *Crystal*

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.