

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014759

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 66

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

0500

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp. Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN ST. LOUIS 2098 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mountain View Nursing Home 4 Mo Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4938 PRAIRIE AV Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle G Last Mattingly			4. DATE OF DEATH Month APRIL Day 21 Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 11-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRE STREETCAR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) PERRY CO. MO		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOHN MATTINGLY		14. MOTHER'S MAIDEN NAME UNKNOWN	
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 RALPH MATTINGLY Address 4338 PRAIRIE AV			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchiogenic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 1621 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH About 3-4 Months
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-16-57 to 4-21-58 and last saw ^{her} him alive on 4-17-58 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. D. D. [Signature] (Degree or title) M.D.		22b. ADDRESS Crystal City, Mo	22c. DATE SIGNED 4-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-23-58	23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM	23d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo
24. FUNERAL DIRECTOR ADDRESS STOCK MORTUARY / 2117 E GRAND		25. DATE RECD. BY LOCAL REG. 4/21/58	26. REGISTRAR'S SIGNATURE John R. Stoll

ST. LOUIS (Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 29 1958

MAY 13 1958

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 A. Nachter*

Licensed Embalmer No. 574

P. O. Address *St Louis*

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