

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023539
STATE FILE NUMBER

FILED JUL 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6338

S. 300

1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3927a Shenandoah		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 2179 3927a Shenandoah	
3. NAME OF DECEASED (Type or print) First Middle Last Rachel Amma Matlock			4. DATE OF DEATH Month Day Year June 22, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 1, 1871	9. AGE (In years last birthday) 86	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Dent County, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Stagner		13b. MOTHER'S MAIDEN NAME Rose Ann Schults	
14. NAME OF HUSBAND OR WIFE Wm. Isom Matlock		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO.	
17. INFORMANT Les Matlock, 3927a Shenandoah		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis, complicated with myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with myocarditis DUE TO (c) 332x 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
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> 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. Lattended the deceased from 1978 to June 22 1958 and last saw her alive on June 22 1958 Death occurred at 3 P.M. 3 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Manuel E. Green (Degree or title) M.D. Theodore E. Green M.D.		22b. ADDRESS 1625 Tower Grove 1625 Tower Grove Rd		22c. DATE SIGNED 6/23/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-24-58		23c. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery	
23d. LOCATION (City, town, or county) Salem, Missouri.		(State)			
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. JUN 23 '58		26. REGISTRAR'S SIGNATURE [Signature]	

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 

Licensed Embalmer No. 4108

P. O. Address.....

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.