

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035399

STATE FILE NUMBER

FILED OCT 24 1958

Registration District No. 11

Primary Registration District No. 5040

Registrar's No. 76

300
1-57

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Exeter Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cassville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	005 th STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RAYMOND Middle MATTINGLY Last MATTINGLY			4. DATE OF DEATH OCT. 4 1958 Month Day Year		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 28, 1904	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Barry County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jim Mattingly		13b. MOTHER'S MAIDEN NAME Flora Graves		14. NAME OF HUSBAND OR WIFE Louise N. 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. 488-16-0484	17. INFORMANT Address Louise Mattingly-Cassville, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Heart Disease DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Mos. 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 WORK <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.) July 31-1945	20f. CITY, TOWN, OR LOCATION Cassville, Mo		STATE
21. I attended the deceased from July 31-1945 to Oct. 4-1958 and last saw him alive on Oct. 1-1958 Death occurred at 7:10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. E. McKame (Degree or title)			22b. ADDRESS Cassville, Mo		22c. DATE SIGNED 10-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-6-1958	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Missouri	
24. FUNERAL DIRECTOR Culver's		ADDRESS Cassville, Missouri	25. DATE RECD. BY LOCAL REG. 10-13-1958	26. REGISTRAR'S SIGNATURE Grace Williams	

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1058 - 204

DATE REC. 10-22-58

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.