

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037845
STATE FILE NUMBER

FILED OCT 17 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9710

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		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 0/ 4496 Maryland Ave.		Length of stay in 1b 30-yrs.	d. STREET ADDRESS (If outside, give location) 4/99 4496 Maryland Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Mattie Headson		4. DATE OF DEATH Month Day Year Oct. 9, 1958	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29, 1867
9. AGE (In years past birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and state or country) Lafayette, Ind.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME James E. Hannegan		13b. MOTHER'S MAIDEN NAME Alice McEniry	14. NAME OF HUSBAND OR WIFE Henry Headson
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. none	17. INFORMANT Address Mrs. Margaret Becker, 1433 Old Florissant Rd.
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>Cancer of Cecum</u> <u>with metastases to neck lymph glands</u> <u>in metastases to Rectum</u> <u>Lymph Glands</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153.0			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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 AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Feb. 17 - 58 Oct 9 - 58	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Missouri
21. I attended the deceased from Death occurred at 22a. SIGNATURE <u>W. Thompson</u> (Name or title) M.D.		21. I attended the deceased from <u>Feb. 17 - 58</u> to <u>Oct 9 - 58</u> and last saw her alive on <u>Oct 17 - 58</u> 6:30 am on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. Thompson</u> (Name or title) M.D.		22b. ADDRESS <u>4952 Maryland</u>	22c. DATE SIGNED <u>10-9-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS <u>Walter J. Donnelly</u> 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. OCT 10 58	26. REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *J. Francis Williams*

Licensed Embalmer No. *3565*
P. O. Address *3840 Lenox*

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.