

t. Health,
& Welfare
s. Public,
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039568

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 128 Primary Registration District No. 2070 Registrar's No. 1098

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Fulton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Moko		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge		Length of stay in 1b 4 days	903 ^d STREET ADDRESS 8		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELIZABETH Middle C. Last MATNEY			4. DATE OF DEATH Month Nov. Day 13, Year 1958		
5. SEX Female	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 Sept. 1, 1879	9. AGE (In years at birthday) 79	IF UNDER 1 YEAR Months 7 Days 13 Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Fulton, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas W. Cobb		13b. MOTHER'S MAIDEN NAME Amy Branson		14. NAME OF HUSBAND OR WIFE Thomas S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Thomas S. Matney Address Moko, Arkansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1-Crushing chest injury, bilateral, with pulmonary congestion. DUE TO (b) 2-Cerebral concussion, secondary to trauma. DUE TO (c) 3-Myocardial damage, secondary to trauma. 4-Multiple fractures of extremities.					INTERVAL BETWEEN ONSET AND DEATH 7 days.
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 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.) Two car wreck near West Plains on Hi way 142			
20c. TIME OF INJURY Hour Nov 8, 1958 Month, Day, Year					
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.) Hi way 142	20f. CITY, TOWN, OR LOCATION 14 miles south of West Plains Mo COUNTY 046 STATE			
21. I attended the deceased from Nov. 8, 1958 to Nov. 13, 1958 and last saw West alive on 11/13/58 Death occurred 10:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John W. Pugh, MD (Degree or title)			22b. ADDRESS 604 Medical Arts Bldg., Springfield 4, Missouri		22c. DATE SIGNED 11/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		23d. LOCATION (City, town, or county) (State) Union Hill, Arkansas	
24. FUNERAL DIRECTOR Dillenger F.H. Newport, Arkansas ADDRESS		25. DATE RECD. BY LOCAL REG. 11-19-58	26. REGISTRAR'S SIGNATURE Effie S. Melton		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 Wayne Smith, Student Embalmer No. 567 working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.