

## RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026182

FILED VS AUG 13 1959

275

Registration District No. 5938

Registrar's No. 139

STATE FILE NUMBER

IDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Phelps</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Arlington Trans.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Huntington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Arlington Trans.</b>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Piney River at Arlington No.,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2837 Artison Ave.,</b>	
3. NAME OF DECEASED (Type or print)		First <b>BERNICE</b>		Middle <b>SUE</b>		Last <b>MATTOX</b>	
4. DATE OF DEATH		Month <b>Aug. 5,</b>		Day <b>1959</b>		Year	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-23-54</b>	9. AGE (last birthday) <b>5</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>		11. BIRTHPLACE (City and state or country) <b>Huntington, W. Va.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Clifford J. Mattox</b>		13b. MOTHER'S MAIDEN NAME <b>Rosetta Ferguson</b>		14. NAME OF HUSBAND OR WIFE <b>never married.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Clifford J. Mattox 2837 Artison Ave., Huntington W. Va.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Asphyxiation</b>							<b>Immediate</b>
Conditions, if any, which gave rise to cause (a), stating the underlying cause last.							
DUE TO (b) <b>Drowning.</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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) <b>Waded into swift water in Little Piney River, and was swept downstream into deep water.</b>					
20c. TIME OF INJURY Hour <b>9:30AM</b> a.m. p.m.	Month, Day, Year <b>8-5-59</b>						
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.) <b>Piney Riber.</b>	20f. CITY, TOWN, OR LOCATION <b>Arlington</b>		COUNTY <b>Phelps</b>		STATE <b>Mo.,</b>	
21. I attended the deceased from _____, to _____, and last saw her <del>xxxxx</del> <b>Dead</b> Death occurred at <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>S. L. Null, Coroner</b>				22b. ADDRESS <b>508 West 8th St., Rolla Mo.,</b>		22c. DATE SIGNED <b>8-6-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-5-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Huntington, West Va.,</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Null &amp; Sons Funeral Home, By Paul E. Null</b>				25. DATE RECD. BY LOCAL REG. <b>Aug. 5, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla,

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