

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035361

FILED VS. OCT 26 1959

43

Registration District No. _____ Primary Registration District No. _____

3007

Registrar's No. _____

479

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 10 Da		c. CITY OR TOWN Route 1 Fisk, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Route 1, Fisk Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BESSIE Middle LEE Last MATTINGLY				4. DATE OF DEATH Month Sept. Day 19 Year 1959					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-2-1899		9. AGE (last birthday) 59 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X _____			10b. KIND OF BUSINESS OR INDUSTRY X _____		11. BIRTHPLACE (City and state or country) Butler Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Morgan Mattingly			13b. MOTHER'S MAIDEN NAME Louise Blanford			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address James Mattingly, Fisk, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation</i> DUE TO (b) <i>Cardiac Failure</i> DUE TO (c) <i>Adenocarcinoma Cervix</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinomatous Metastasis Body</i>							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 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 _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>9-10-59</u> to <u>9-19-59</u> and last saw her <u>back</u> on <u>9-19-59</u> Death occurred at <u>9:20 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Dr. Marshall M. Coplan</i>				22b. ADDRESS _____		22c. DATE SIGNED 9-20-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-22-59		23c. NAME OF CEMETERY OR CREMATORY Catholic		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri			
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Funeral Home Poplar Bluff, Missouri				25. DATE RECD. BY LOCAL REG. 10/12/59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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 me

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff

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.