

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008591

FILED VS MAR 11 1960

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>Life</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute to City Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3707a Olive</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>ROY</b> Last <b>MATTINGLY</b>				4. DATE OF DEATH Month <b>2</b> Day <b>24</b> Year <b>60</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/22/02</b>	9. AGE (last birthday) <b>57</b>	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) <b>Mill Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal R.R.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Joseph Mattingly</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Cox</b>			14. NAME OF HUSBAND OR WIFE <b>Myrtle Mattingly</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1920-1921</b>		16. SOCIAL SECURITY NO. <b>Yes(Unk)</b>		17. INFORMANT Address <b>Myrtle Mattingly, 3707a Olive</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis with old infarcts in the anterior left ventricle. Bony pathology from injury received several weeks ago.</b> DUE TO (b) <b>stroke</b> DUE TO (c) <b>stroke by car</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>stuffed with</b> 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. PART II of item 18.) <b>operated by acc. killing Burns, in front of about</b>						
20c. TIME OF INJURY <b>6:50 p.m.</b>	Hour Month, Day, Year <b>10 18 59</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>19 Street</b>						
20e. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>Mo</b>	STATE						
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>1115 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Patrick Taylor Coronar</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>2-25-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2/27/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lane Cemetery</b>		23d. LOCATION (City, town, or county) <b>Elvins, Missouri</b>		23e. (State)		
24. FUNERAL DIRECTOR <b>McLAUGHLIN'S, 2301 Lafayette</b>			25. DATE RECD. BY LOCAL REG. <b>FEB 25 1960</b>		26. REGISTRAR'S SIGNATURE <b>Roald Smith, M.D.</b>			

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

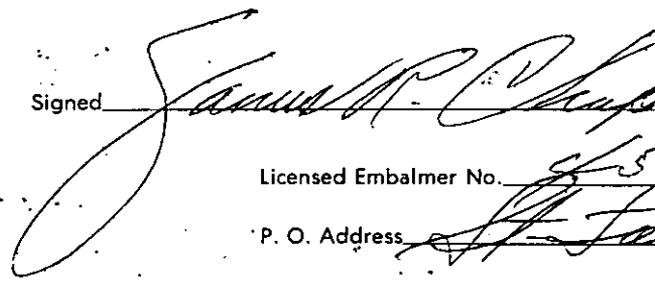
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 45

P. O. Address St. J...

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.