

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0019829

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District **FILED 137** Primary Registration District No. **3023** Registrar's No. **149**

MAY 31 1966

VS 300  
Rev. 4/59

1 0425

2 0425

3

4 1

5 2

6

7 0

8 2

9331X

10

11

12 2-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Henry</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		Length of stay in lb <b>7 days</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Clinton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>612 E. Ohio St</b>		(If outside, give location)		d. STREET ADDRESS <b>612 E. Ohio St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX	
First Middle Last <b>Mattie Ann Justice</b>			Month Day Year <b>May 24 1966</b>			<b>female</b>	
6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 19, 1884</b>		9. AGE (last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Nevada, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Ira McConnaughey</b>			13b. MOTHER'S MAIDEN NAME <b>Willhite</b>		14. NAME OF HUSBAND OR WIFE <b>James Justice</b>		
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 <b>Mrs. Frances Parscale Clinton, Mo</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>Cerebrovascular accident</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Atherosclerosis</b>							
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 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>1860</u> to <u>May 24, 1966</u> and last saw her alive on <u>May 23, 1966</u> . Death occurred at <u>9:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>R. E. Harbaugh, D.O.</b>				22b. ADDRESS <b>Clinton, Mo.</b>		22c. DATE SIGNED <b>5-25-66</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/27/1966</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Englewood cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Clinton, Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Sickman-Dunning Funeral Home</b>			25. DATE RECD. BY LOCAL REG. <b>5-26-1966</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		

USE BLACK INK  
OR  
TYPEWRITER RIBBON

00000000

3000 111 315 1170

**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 *Stanley Dickman*

Licensed Embalmer No. 5342

P. O. Address Clinton 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.

Permit obtained 5-26-66

*(Handwritten initials)*