

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6871**

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (In this place) <u>4 Days</u>	c. CITY OR TOWN <u>Berkeley</u> <u>40 4/0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Normandy Osteopathic Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>6327 Washington Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jarrell</u> b. (Middle) <u>D.</u> c. (Last) <u>Matkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3, 1931</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prod. Control Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ralston Purina</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe, La.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Hulan Davis Matkins</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Moton</u>		14. NAME OF HUSBAND OR WIFE <u>Kadie Matkins</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>Yes</u> <u>Korean</u>	16. SOCIAL SECURITY NO. <u>439-44-1828</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kadie Matkins, Berkeley, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Tumor</u>	DUE TO (b) <u>Cerebral aneurism</u>			<u>96 hrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Cardiac arrest</u>			<u>96 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Abdominal surgery</u>				<u>96 hrs</u>

19a. DATE OF OPERATION <u>2/5/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Morrison's Tumor abscess of appendix</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5501</u>		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 1/31, 1955, to 2/8, 1955, that I last saw the deceased alive on 2/8, 1955, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. G. Sanders D. O. G.</u>		23b. ADDRESS <u>917 Airport Rd. Ferguson, Mo.</u>	23c. DATE SIGNED <u>2/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe, La.</u>	
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DATE REC'D BY LOCAL REG. <u>2-9-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Rombe, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE CHAPEL, FERGUSON, MO.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1955

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 Eleana Province

Licensed Embalmer No. 340

P. O. Address Jarvis

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.