S. No. 300
v. 10.48

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29599

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 38

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico
c. LENGTH OF STAY (in this place): 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Puxico Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN: Dexter
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1031 D

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Mae
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1956

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: March 15, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and State or Foreign Country): Avert, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Tankersley
13b. MOTHER'S MAIDEN NAME: Nancy Jane Williams
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Earl Young Dexter, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 3rd degree burns and probable asphyxiation.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

9167
40

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accidnet
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): nursing home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Puxico 103 Stoddard, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 30, 1956 10:20 P
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Nursing home burned.

22. *I hereby certify that I attended the deceased from* ----- *19*___, *to* -- - -- *19*___, *that I last saw the deceased alive on* ------ *19*___, *and that death occurred at* 10:20 m P *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray W. Rainey Coroner 3
23b. ADDRESS: Dexter, Mo. Stoddard County,
23c. DATE SIGNED: 7-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-2-56
24c. NAME OF CEMETERY OR CREMATORY: Walker cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield, Mo.

DATE REC'D BY LOCAL REG.: 8/24/56
REGISTRAR'S SIGNATURE: Pearl Reed
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Watkins & Sons Dexter, Mo.

490-0

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

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