

Health, Welfare Public Service

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1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37355
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 4125 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Revere Mo</u>		c. CITY OR TOWN <u>Kahaha Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>208</u>	

3. NAME OF DECEASED (Type or print) <u>Bobby Gene Mattocks</u>			4. DATE OF DEATH <u>Nov. 10 - 1956</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>			8. DATE OF BIRTH <u>May 15 - 1940</u>		
9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. AGE (In years last birthday) <u>16</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School boy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (City and state or country) <u>Wynona Mo</u>	
13. FATHER'S NAME <u>Eddie Mattocks</u>			14. MOTHER'S MAIDEN NAME <u>Helen Burcham</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>486-42-1482</u>		17. INFORMANT <u>Mrs. Helen Amburge - Kahaha Mo</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <u>Left side of chest crushed</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Train hitting car he was driving</u>	
	DUE TO (c) <u>8104</u>	
PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>27</u>		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 or Part II of item 18.)	
20c. TIME OF INJURY <u>8:21 am Nov. 10, 1956</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>RR crossing</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Revere, Clark Co., Mo</u>	
21. I attended the deceased from <u>time of accident</u> and last saw her/him alive on <u>8:21 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Perry S. Poston</u>		22b. ADDRESS <u>Kahaha, Mo.</u>	
22c. DATE SIGNED <u>11-11-56</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 13 - 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Readsville Ce.</u>		23d. LOCATION (City, town, or county) (State) <u>Clark Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Otis L. Yetter</u>		25. DATE RECD. BY LOCAL REG. <u>11/17-1956</u>		26. REGISTRAR'S SIGNATURE <u>J.P. Bridgman</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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(Licensed Embalmer's Statement on Reverse Side)

1951 8 1 NDF

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 *Chas R. Sutter*

Licensed Embalmer No. *39*

P. O. Address *Quincy*

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