

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015307

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Crocker, Mo Tavern</b>		c. CITY OR TOWN <b>Crocker, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 1.</b>	
Length of stay in 1b <b>46 yrs.</b>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Ezra</b> Last <b>Mattoon.</b>			4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1958</b>		
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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>June 3, 1883</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Artesian, S. Dakota.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lewis L. Mattoon.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Etta Newton.</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Mae Mattoon.</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>489-42-9001</b>	17. INFORMANT <b>Alice Mae Mattoon.</b> Address <b>Crocker, Mo Rt. 1</b>
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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>CORONARY HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>MYOCARDIAL HEART DISEASE</b>	
	DUE TO (c) <b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) -
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <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
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <b>1945</b> to <b>APRIL 25, 1958</b> and last saw him alive on <b>APRIL 24, 1958</b> Death occurred at <b>9:35</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>John A. Mikalovich, D.O.</b>	22b. ADDRESS <b>Crocker, Missouri</b>	22c. DATE SIGNED <b>4/26/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/28/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemet.</b>	23d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>
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24. FUNERAL HOME OR PLACE OF INTERMENT <b>Hedges Funeral Home Crocker, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>4-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Eula Mae Anderson</b>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service

300  
1-57

850

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

458

MAY 9 1958

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 *Clarence Stross*.....

Licensed Embalmer No. *4896*.....

P. O. Address *Waynesville, N.C.*

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.