

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040775

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. --- Registrar's No. 170

ENDED

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W. Va. b. COUNTY Cabell		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union T.S.		Length of stay in 1b 15 min	c. CITY OR TOWN Huntington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wighway 66		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bruce Middle Warren Last Mattox			4. DATE OF DEATH Month Nov. Day 11, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-59	9. AGE (last birthday) 6 Months	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Huntington, W. Va.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Mattox		13b. MOTHER'S MAIDEN NAME Mary J. Hannon		14. NAME OF HUSBAND OR WIFE None.	
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. None.		17. INFORMANT Address Mr. William Mattox, Huntington, W. Va.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull					INTERVAL BETWEEN ONSET AND DEATH Imm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 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.) Car Accident			
20c. TIME OF INJURY 9:00	Hour AM Month, Day, Year 11-11-59				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66	20f. CITY, TOWN, OR LOCATION Lebanon		COUNTY Laclede Mo.	STATE
21. I attended the deceased from 9:00 A. to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J.P. Robinson</i> (Degree or title)			22b. ADDRESS <i>Lebanon Mo</i>		22c. DATE SIGNED 11-12-59
23a. BURIAL, CREMATION, Removal (Specify)	23b. DATE 11-12-59	23c. NAME OF CEMETERY OR CREMATORY Morris Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Ashton, W. Va.	
24. FUNERAL DIRECTOR ADDRESS <i>Dave Lester Chesapeake Ohio</i>		25. DATE RECD. BY LOCAL REG. 11-12-1959		26. REGISTRAR'S SIGNATURE <i>Altha L. Gray</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 B. Palm

Licensed Embalmer No. 24860

P. O. Address Liberty

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.