

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040776

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 171

ENDED

1. PLACE OF DEATH a. COUNTY Laelede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE N. V.A. 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 W. Va.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 66			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11th St.		
3. NAME OF DECEASED (Type or print) Donna Jane Mattox			First	Middle	Last	
4. DATE OF DEATH Nov. 11, 1959			Month	Day	Year	
5. SEX Female	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 9-25-55	9. AGE (last birthday) 4 Years	IF UNDER 1 YEAR Months Days	
IF UNDER 24 HR Hours Min.	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 Mr. William Mattox, Huntington W.VA Address			
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 A.M.	Hour	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 Laelede	STATE Mo.		
21. I attended the deceased from 9:00 A. to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>J.R. Palmer</i> (Degree or title) Coroner			22b. ADDRESS <i>Lebanon Mo</i>		22c. DATE SIGNED 11-12-59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-12-59	23c. NAME OF CEMETERY OR CREMATORY Morris Chapel Cemet.	23d. LOCATION (City, town, or county) Ashton, W.Va.			
24. FUNERAL DIRECTOR <i>David L. Carter</i> ADDRESS <i>Chapelton Ohio</i>		25. DATE RECD. BY LOCAL REG. 11-12-1959	26. REGISTRAR'S SIGNATURE <i>Hilla L. Hays</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 R. Palm

Licensed Embalmer No. 4810

P. O. Address Lebanon

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.