V.S. No. 300
Rev. 10.48

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FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 55941

BIRTH NO. _____ REG. DIST. NO. 138 12 PRIMARY REG. DIST. NO. 4220 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland
c. LENGTH OF STAY (In this place): 70 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Malinda b. (Middle) Adeline c. (Last) Maberry

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1948

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-26-1850
9. AGE (In years last birthday): 98 — If under 1 year: Months 11, Days 3 — If under 1 hr.: 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:
11. BIRTHPLACE (State or foreign country): Knoxville, Tenn.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Billy Henson
13b. MOTHER'S MAIDEN NAME: Darkus Gibson
14. NAME OF HUSBAND OR WIFE: A. J. Maberry

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

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy of Brain — INTERVAL BETWEEN ONSET AND DEATH: 2 Day

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

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wheatland Hickory Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Dec 29, 1948, *that I last saw the deceased alive on* Dec 27, 1948, *and that death occurred at* 2:30 p *m., from the causes and on the date stated above.* 2

23a. SIGNATURE: Dr. E. Briggs (Degree or title): D.O.
23b. ADDRESS: Wheatland, Mo
23c. DATE SIGNED: 12-31-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-48
24c. NAME OF CEMETERY OR CREMATORY: Ronda Cemetery
24d. LOCATION (City, town, or county) (State): Ronda, Mo.

DATE REC'D BY LOCAL REG.: Dec 31-1948
REGISTRAR'S SIGNATURE: W. P. Hargiss 12-1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gilbert Bethauser Wheatland Mo
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 12-48-1495
Date Filed 1-3-49

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 _____
Student Embalmer

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Westland, Md

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 this body is not embalmed, fact should be so stated above.