No. 300
10.48

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2180

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4412 Registrar's No. 1

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1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksville
c. LENGTH OF STAY (in this place):
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: Mo
b. COUNTY: Pike 82
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksville 3
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Augusta c. (Last) Mackey

4. DATE OF DEATH (Month) (Day) (Year): Jany 11 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27 - 1887
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 7, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Clarksville Mo
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Alexander Mackey
13b. MOTHER'S MAIDEN NAME: Annie Herrington
14. NAME OF HUSBAND OR WIFE: Lula Mackey

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

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 20 months

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

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

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
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* Nov, 1948, *to* Jan 11, 1949, *that I last saw the deceased alive on* Jan 10, 1949, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E M Bartley M.D.
23b. ADDRESS: Clarksville Mo
23c. DATE SIGNED: 1/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jany 14/49
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county): Clarksville (State): Mo

DATE REC'D BY LOCAL REG.: Jan 25-49
REGISTRAR'S SIGNATURE: Suda Rickard 256
25. FUNERAL DIRECTOR'S SIGNATURE: Harry L. Carroll
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 2-49-17
Date Filed FEB 2 1949

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 me

Student Embalmer No. .....

working under my personal supervision.

Signed Harry L Carroll

Signed .....
Student Embalmer

Licensed Embalmer No. 2439

P. O. Address .....

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.