

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8075

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, (1)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>	
c. LENGTH OF STAY (In this place) <u>38 days</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield Baptist Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Albert</u> c. (Last) <u>Mackey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 23, 1921</u>
9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR Month Day <u>10 3</u>	IF UNDER 24 HRS. Hours Min. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Projectionist</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>Theatre</u>	11. BIRTHPLACE (State or foreign country) <u>Oregon</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James L. Mackey</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Delores Jean Mackey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Delores Jean Mackey Crane</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left colon & generalized abd metastasis.</u> 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. <u>15X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Carcinomatosis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>1947</u> to <u>Apr 1, 1949</u> , that I last saw the deceased alive on <u>Mar 31, 1949</u> , and that death occurred at <u>5:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Fred R. Faithing, M.D.</u>		23b. ADDRESS <u>Medical Bldg - Springfield</u>	
23c. DATE SIGNED <u>MO. Apr 1 - 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crane Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crane, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4/12/49</u>	REGISTRAR'S SIGNATURE <u>W E Landley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Manlove Funeral Home</u>	
		ADDRESS <u>Springfield, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4839
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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.

Signed Harry A. [Signature]

Signed
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, Mo.

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.