

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16529

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (In this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>103 Asher Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 Asher Street</u>			
3. NAME OF DECEASED a. (First) <u>Claude</u> b. (Middle) <u>Edward</u> c. (Last) <u>Mackley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 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>March 10, 1874</u>
9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired Watchman</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oscar Mackley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Craig</u>	14. NAME OF HUSBAND OR WIFE <u>Susan McCloud Mackley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Susan Mackley, Chillicothe, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____			
22. I hereby certify that I attended the deceased from <u>May 1</u> , 19 <u>49</u> , to <u>May 10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 10</u> , 19 <u>49</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph A. Conrad M.D.</u> (Degree or title)		23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>May 11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coon Creek</u>
24d. LOCATION (City, town, or county) (State) <u>Grundy County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May-14-49</u>		REGISTRAR'S SIGNATURE <u>Frances B Noell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u> ADDRESS _____

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

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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 _____

Joseph Milton Gibson

Student Embalmer No. 305

working under my personal supervision.

Student
Student Embalmer

Signed

Elton Roman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.