

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31006

State File No. ....

FILED OCT 13 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 111

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

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>	
c. LENGTH OF STAY (in this place) <u>UNKNOWN</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>A.</u> c. (Last) <u>Mack</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 2, 1873</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Franky Co. Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Michael Booker</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nichols</u>	14. NAME OF HUSBAND OR WIFE <u>DAN MACK</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dan Mack</u> ADDRESS <u>MACON, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Fracture of femur about 4 years ago - necessitated bed rest.</u> 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 <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) (Min)	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>Sept 20, 1949</u> , to <u>Sept 24, 1949</u> , that I last saw the deceased alive on <u>Sept 24, 1949</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. L. Neuhoff</u> (Degree of title)		23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>9/25/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>10/6/49</u>	REGISTRAR'S SIGNATURE <u>W. M. McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skumera</u> ADDRESS <u>Macon Mo.</u>	

RECEIVED 10/10/49  
MACON Co. HEALTH DEPT.  
COUNTY FILE No 10/49/17  
DATE FILED 10/11/49

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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.

Student .....  
Student Embalmer

Signed Albert Skinner.....

Licensed Embalmer No. 75-1.....

P. O. Address Macon 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.