

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34691

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayon</u> b. (Middle) <u>Glover</u> c. (Last) <u>Mackey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 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>Sept 26-1876</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Month <u>0</u> Day <u>26</u>	
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Clarksville D</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Francis Marion Mackey</u>		13b. MOTHER'S M maiden NAME <u>Bety Glover</u>		14. NAME OF HUSBAND OR WIFE <u>Hollis Bryant 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>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Mackey-Clarksville, Mo</u>	
				ADDRESS <u>Clarksville, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DU TO (b) <u>Myocarditis Chronic</u>			<u>Sudden</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DU TO (c) <u>None</u>			<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>None</u>			<u>4201</u>

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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?	

2. I hereby certify that I attended the deceased from Sept 1, 1949, to Oct 22, 1949, that I last saw the deceased alive on Oct 22, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Mason M.D.</u> (Degree or title)		23b. ADDRESS <u>Clarksville, Mo</u>		23c. DATE SIGNED <u>Oct 25, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-28-49</u>		REGISTRAR'S SIGNATURE <u>Suda Richard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry J. Larrover</u>		ADDRESS <u>Clarksville, Mo</u>	

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

RECEIVED NOV 2 1949
District Health Officer No. 10
District File Number 11-49-1869
Date Filed NOV 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 _____
_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed George O. Wagner
Licensed Embalmer No. 37073
P. O. Address Louisiana, 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.