

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11807

State File No.

FILED APR 21 1950

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 95

0013

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give town) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) Kirksville	
c. LENGTH OF STAY (In this place) 60 Year		d. STREET ADDRESS (If rural, give location) 301 E. McPherson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 E. McPherson St.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) S.	
		c. (Last) MACKLIN	
4. DATE OF DEATH (Month) (Day) (Year) April 10, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13, 1867
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer		10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs	11. BIRTHPLACE (State or foreign country) Ottumwa, Iowa
		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George C. Macklin		13b. MOTHER'S MAIDEN NAME Maria McClusky	
		14. NAME OF HUSBAND OR WIFE Violeta Macklin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
		17. INFORMANT'S SIGNATURE OR NAME MRS Frank Macklin ADDRESS 301 E. McPherson Kirksville, Mo.	
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) General Arteriosclerosis	
		INTERVAL BETWEEN ONSET AND DEATH Several yrs.	
		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 <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 May 1947 , to Apr. 10, 1950 , that I last saw the deceased alive on Apr 10, 1950 , and that death occurred at 5 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Spencer L. Freeman M.D.		23b. ADDRESS Kirksville, Mo	
		23c. DATE SIGNED 4/11/1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-50	
		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.	
		24d. LOCATION (City, town, or county) (State) Kirksville, Missouri	
DATE REC'D BY LOCAL REG. 4-12-50		REGISTRAR'S SIGNATURE Wate Lambert	
		25. FUNERAL DIRECTOR'S SIGNATURE Randolph Davis ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 17 1950
District Health Officer No. 3
District File Number 4-23-66
Date Filed APR 17 1950

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed Clarence M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.