

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19929

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 572A

0396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Delos	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urbana, MO	0300
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) Elsie	a. (First)	b. (Middle) (N M M)	c. (Last) Mackey	4. DATE OF DEATH (Month) (Day) (Year) 6-21-1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar-12-1898	9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Camden Co MO	12. CITIZEN OF WHAT COUNTRY? U.S.	9. AGE (In years last birthday) 52

13a. FATHER'S NAME James M Rife	13b. MOTHER'S MAIDEN NAME Margaret E. Sears	14. NAME OF HUSBAND OR WIFE Paul Mackey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Paul Mackey ADDRESS Urbana 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis, Cerebral		INTERVAL BETWEEN ONSET AND DEATH 6-21-50
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		?
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Chronic		227X

19a. DATE OF OPERATION 6-21-50	19b. MAJOR FINDINGS OF OPERATION Fibromyoma Uterus; Hysterectomy 6/21/50	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 **6-19-1950**, to **6-21-1950**, that I last saw the deceased alive on **6-21-1950**, and that death occurred at **7:50P** m., from the causes and on the date stated above.

23a. SIGNATURE J. Newton Wakeman MD.	U (Degree or title)	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 6/24/50
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial	24b. DATE 6-24-50	24c. NAME OF CEMETERY OR CREMATOR Bowers Chapel Cem.	24d. LOCATION (City, town, or county) (State) Urbana MO
DATE REC'D BY LOCAL REG. 6-26-50	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Laughon - Bean ADDRESS Urbana, Mo	

JUL 13 1962

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 Allen W Vaughan

Signed _____
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Herbans, 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.