

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27435

FILED SEP 8 1950 BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 2770 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Rural Minevat</u>	c. LENGTH OF STAY (in this place) <u>50 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Minevat</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi north of Leno Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi north of Leno Mo 651</u>	
3. NAME OF DECEASED a. (First) <u>Gera</u> b. (Middle) <u>BELLE</u> c. (Last) <u>MABRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 28, 50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-25-1870</u>
9. AGE (in years last birthday) <u>80</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>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Cheadle</u>	14. NAME OF HUSBAND OR WIFE <u>James Mabry</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>[Signature]</u> ADDRESS <u>[Address]</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>Jan 1949</u> to <u>Aug 28, 1950</u> , that I last saw the deceased alive on <u>Aug 28, 1950</u> , and that death occurred at <u>8:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>K. M. Penick M.D.</u> (Degree or title)		23b. ADDRESS <u>Silas Mo. Aug 28-50</u>	
23c. DATE SIGNED		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>North Liberty Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-31-1950</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u> ADDRESS <u>[Address]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>		ADDRESS <u>Troy Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____

DISTRICT HEALTH OFFICE No. 4

SEP - 2 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Wayne Mc Coy
Licensed Embalmer No. 3586

P. O. Address Jay 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.