

10. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32448

FILED OCT 6 1950

State File No. 6257

Registrar's No. 110

BIRTH NO. REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 4438

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Logan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Logan	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Ferdinand c. (Last) Mabury			4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 50		
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5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/19/1897	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James B. Mabury	13b. MOTHER'S MAIDEN NAME May Smith	14. NAME OF HUSBAND OR WIFE Leona Wilson Mabury
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leona Mabury Piedmont, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris		
	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.		42.2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Jan 19 48, to 8-28, 1950, that I last saw the deceased alive on 8-28, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. D.D.	23b. ADDRESS Piedmont Mo	23c. DATE SIGNED 9-13-50
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24a. BURIAL & CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/30/50	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Piedmont, Mo
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DATE REC'D BY LOCAL REG. Sept 20 50	REGISTRAR'S SIGNATURE Suse E. Piles. 340	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Code Piedmont Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 3 1950

WAYNE CO. HEALTH CENTER

FILE No. 1050-682

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.....

Coder Funeral Home

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address 114 Green St., Piedmont, Missouri

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.

William Coder