

FILED JAN 8 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 402773

BIRTH NO. _____		REG. DIST. NO. 6109		PRIMARY REG. DIST. NO. 5424		Registrar's No. 37	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Dunklin		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural; Union Twp.		a. STATE Ark.		b. COUNTY Clay	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenway, Rt. I (Haywood)		d. STREET ADDRESS (If rural, give location) Greenway, Ark. Rt. I		8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION on highway							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Fred	b. (Middle) Dudley	c. (Last) Mack	(Month) Dec.	(Day) 16	(Year) 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3, 1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Wm. H. Mack		13b. MOTHER'S MAIDEN NAME Ada Dudley		14. NAME OF HUSBAND OR WIFE Gertha Mack			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dudley Mack, Greenway, Ark.			
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) Severe Head Injuries, Body Cuts		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E 4 166 26 11	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken Neck DUE TO (c) Auto Wreck					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural, Union Twp. Dunklin, Missouri			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter B. Harbison Coroner				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 12-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Dec. 19, 1950	24c. NAME OF CEMETERY OR CREMATORY Mitchell		24d. LOCATION (City, town, or county) (State) Greenway, Ark.		
DATE REC'D BY LOCAL REG. 12/29/1950		REGISTRAR'S SIGNATURE Mrs. Beulah Campbell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rector, Ark.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT1-2-51.....
COUNTY FILE NUMBER .151-3.....

JAN 10 1951

[Handwritten signature]

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 *Wm W. McBride*

Licensed Embalmer No. *746*

P. O. Address *Reeds, Ark*

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.