

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43960
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Rural Gideon</u> c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural Gideon</u> d. STREET ADDRESS <u>Rt #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u> b. (Middle) _____ c. (Last) <u>Mack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 20, 1864</u>
9. AGE (in years last birthday) <u>86</u>		10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Lake Village, Ark.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Tolbert Mack</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Calvin Mack Jr Gideon, Mr. Rt #1</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 1946 Nov 19 to Dec 15, 1950; that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. L. Masters, Do</u> (Degree or title)	23b. ADDRESS <u>Haysh, Mo</u>	23c. DATE SIGNED <u>12-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>12-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hardell, Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb. 14-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Byron Sharp</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>German Funeral Home Steels, Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

0720

150

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 1

No.

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 *John H. German*

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.