

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 11 1951 STANDARD CERTIFICATE OF DEATH

State File No. 7449

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5048 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Rural Rt. #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Rural #1, McDonald Twp. 00870	
c. LENGTH OF STAY (in this place) #1 years		d. STREET ADDRESS (If rural, give location) 3 1/2 miles east of Purdy, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) Alvie	b. (Middle)	c. (Last) Mackey	4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1889	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months 9	11. UNDER 1 YEAR Days 10	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR 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) Purdy, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Mackey	13b. MOTHER'S MAIDEN NAME Martha Pennell	14. NAME OF HUSBAND OR WIFE Clara Mackey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) World War 1	16. SOCIAL SECURITY NO. 500-05-3042	17. INFORMANT'S SIGNATURE OR NAME Clara Mackey	ADDRESS Monett, Rt. #1, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

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)
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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?
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22. I hereby certify that I attended the deceased from 1-22, 1951, to 1-22, 1951, that I last saw the deceased alive on 1-22, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. D. Baldwin (Degree or title) D.O.	23b. ADDRESS Purdy Mo	23c. DATE SIGNED 2-3-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Arnhart Cemetery	24d. LOCATION (City, town, or county) (State) Near Purdy, Mo.
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DATE REC'D BY LOCAL REG. 4-9-51	REGISTRAR'S SIGNATURE Mrs. Gene Hudson	25. FUNERAL DIRECTOR'S SIGNATURE Bennett-Wormington	ADDRESS Monett, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0050

951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 14 1951

Dist. File 457-786

APR 17 1951

APR 17 1951

NO FEE
ENCLOSED
APR 11

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. _____

Student
Student Embalmer

Signed

Al Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.