

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24179

State File No.

No. 300
10.48

FILED JUL 18 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 1941	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		d. STREET ADDRESS (If rural, give location) 45 BENHAM ST.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) MABERY	4. DATE OF DEATH (Month) (Day) (Year) JULY 7 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 DEC. 20. 1886	9. AGE (In years last birthday) 74 / UNDER 1 YEAR Months 6 Days 17 / IF UNDER 12 HRS. Hours 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN	10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD CO	11. BIRTHPLACE (State or foreign country) HOOD. CO. TEXAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS H.B. MABERY	13b. MOTHER'S MAIDEN NAME ELUNA HOUSER	14. NAME OF HUSBAND OR WIFE JOSEPHINE MABERY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 494-05-1891	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPHINE MABERY, BONNE TERRE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis acute myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH 7 days
	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 arterio-sclerosis (general) Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **7-4**, 19**51**, to **7-7**, 19**51**, that I last saw the deceased alive on **7-7**, 19**51**, and that death occurred at **11:43 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE H. O. Gabe M.D. (Degree or Title)	23b. ADDRESS Dexloge Mo	23c. DATE SIGNED 7-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 10. 1951	24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE	24d. LOCATION (City, town, or county) (State) BONNE TERRE MO.
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DATE REC'D BY LOCAL REG. JULY 12, 1951	REGISTRAR'S SIGNATURE Cather Rudloff 289	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bertram H. Co. Bonne Terre Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE NO. 4

JUL 14 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence J. Chaywell*

Licensed Embalmer No. *3706*

P. O. Address *Donner Street*

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.