

FILED JAN 21 1952

STANDARD CERTIFICATE OF DEATH

State File No. 43944

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Dunklin <i>0351</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden <i>0351</i>	
c. LENGTH OF STAY (In this place) 3 years		d. STREET ADDRESS (If rural, give location) 611 S. Madison <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) L.	c. (Last) Macke	4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1951
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5. SEX Male <i>(O)</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <i>(V)</i>	8. DATE OF BIRTH Aug. 7, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3 Days 19	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jackson, Missouri <i>(D)</i>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Macke	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Spanish American Unknown	17. INFORMANT'S SIGNATURE OR NAME Clearance Smith	ADDRESS Malden, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 30 Minute
	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.		

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) 331X
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 **Oct. 9, 1950**, to **Dec. 26, 1951**, that I last saw the deceased alive on **Dec. 25, 1951**, and that death occurred at **6:20A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles Williams M.D.</i>	(Degree or title)	23b. ADDRESS Malden, Missouri	23c. DATE SIGNED 27 Dec. 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 28-51	24c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery	24d. LOCATION (City, town, or county) (State) Jackson Mo
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DATE REC'D BY LOCAL REG. 1-5-52	REGISTRAR'S SIGNATURE <i>J. D. Schuman</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas L. Smith</i>	ADDRESS Malden, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-7-52
COUNTY FILE NUMBER 152-3

JUN 4 1952

MAR 10 1952

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.....
Student Embalmer

Signed *Thomas C. Knight*

Licensed Embalmer No. *2189*

P. O. Address *Malden, 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.