

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

JAN 30 1952

#13  
0013

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>				
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>17 days</u>		c. CITY OR TOWN <u>Milan</u>		<u>1050</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grindwith Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1</u>				
3. NAME OF DECEASED (Type or Print) <u>Elvira Ellen Mabrey</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 22 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAY 19 1908</u>		9. AGE (In years last birthday) <u>43</u>	If UNDER 1 YEAR Months <u>8</u> Days <u>3</u>	If OVER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>VERSAILLES Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Percy Crosswhite</u>			13b. MOTHER'S MAIDEN NAME <u>HINNIE TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT MABREY</u>			
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 ADDRESS <u>Mr. Lewis Albert Mabrey Milan</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure acute</u>				DUE TO (b) <u>Severe myocarditis seen near months</u>				<u>36 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Pneumonia (?)</u>				<u>6 mos ago</u>
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"/>		
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) (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 <u>8-8, 1950</u> , to <u>1-22, 1952</u> , that I last saw the deceased alive on <u>1-22, 1952</u> , and that death occurred at <u>5:15 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>George E. Grimm</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kirksville, MO</u>		23c. DATE SIGNED <u>1/22/52</u>		
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Raywood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-24-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schoenes Dayton Schoenen Milan - Mo</u>				

---

---

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Nutan 40

**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.