

No. 30  
10.4

FILED JAN 23 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **3759**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6228** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Stotesbury - Henry TWP.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stotesbury</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Her Home - No Street Address</b>		d. STREET ADDRESS (If rural, give location) <b>No Street Address</b>	

3. NAME OF DECEASED (Type or Print) <b>Kathleen Lynn Mabrey</b>			4. DATE OF DEATH <b>Jan. 12, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 22, 1884</b>		9. AGE (In years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House Work</b>	11. BIRTHPLACE (State or foreign country) <b>Vernon County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>John G. Linn</b>		13b. MOTHER'S MAIDEN NAME <b>Etta B. Grey</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anna Graen Stotesbury, Mo.</b>	

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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Drapery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>3 yrs</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 <b>4560</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 12, 1952** to **Jan 12, 1952**, that I last saw the deceased alive on **Jan 12, 1952**, and that death occurred at **7:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. J. Allen M.D.</b>		23b. ADDRESS <b>Stotesbury Mo</b>		23c. DATE SIGNED <b>1/14/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 14, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East Liberty Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stotesbury, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>1-17-1952</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>O. A. Cheney Fort Scott, Kasas.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

080

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Henry Mo. 1000

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 \_\_\_\_\_

*Wanda P. Wemy*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2613

P. O. Address Fort Scott, Kansas

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.