

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 9

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Audrain</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 West Union</u>                                |  | d. STREET ADDRESS (If rural, give location) <u>310 West Union</u>   |  |

|   |                       |                        |  |
|---|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Nannie</u> | b. (Middle) <u>T.</u> | c. (Last) <u>Mabry</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 23, 1952</u> |
|---|-----------------------|------------------------|--|

|                      |                               |   |                                       |  |
|----------------------|-------------------------------|---|---------------------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 6, 1870</u> | 9. AGE (In years) (Months) (Days) (Hours) (Min.)<br><u>82</u> <u>1</u> <u>17</u> |
|----------------------|-------------------------------|---|---------------------------------------|--|

|  |   |   |  |
|--|---|---|--|
| 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 <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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|---|---|--|
| 13a. FATHER'S NAME <u>Edward McKelvey</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dillon</u> | 14. NAME OF HUSBAND OR WIFE <u>George W. Mabry</u> |
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|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Alice Jackson, Vandalia, Mo.</u> |
|--|-------------------------------------|---|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>hypernephroma right kidney</u>   |  | <u>2 years</u>                   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>with metastasis to right hip and associated pathological fracture of right hip/</u><br>DUE TO (c) _____ |  | <u>10 month.</u>                 |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>180XF</u> | 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 June 10, 1951, to April 23, 1952, that I last saw the deceased alive on April 23, 1952 and that death occurred at 12.10P m., from the causes and on the date stated above.

|                                       |                                   |                                 |
|---------------------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Evan Blumie, MD</u> | 23b. ADDRESS <u>Vandalia, Mo.</u> | 23c. DATE SIGNED <u>4/24/52</u> |
|---------------------------------------|-----------------------------------|---------------------------------|

|   |                                 |   |   |
|---|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 26, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u> |
|---|---------------------------------|---|---|

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>April 26 1952</u> | REGISTRAR'S SIGNATURE <u>Nannie T. Mabry</u> | CORONER'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Vandalia, Missouri</u> |
|---|--|--|-----------------------------------|

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

1041 /

**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.....

*Mrs. B. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Landville 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.