

THE DIVISION OF HEALTH - MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **17330**

JUN 13 1952

BIRTH NO. _____		REG. DIST. NO. 239		PRIMARY REG. DIST. NO. 5825		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY New Madrid			
b. CITY OR TOWN Rural		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY OR TOWN Risco mo		d. STREET ADDRESS (If rural, give location) Ditch & 67	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) Rural - 1 mi S of Risco on			
3. NAME OF DECEASED (Type or Print) Mackey		a. (First) Joe		b. (Middle) Abraham		c. (Last) Abraham	
4. DATE OF DEATH (Month) (Day) (Year) June - 1 - 52		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH 1932-8-28		9. AGE (In years last birthday) 19		10. MONTHS 9		11. DAYS 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Marilla Ark		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leonard Elford Abraham		13b. MOTHER'S MAIDEN NAME Kellie Fletcher		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-34-9922		17. INFORMANT'S SIGNATURE OR NAME Leonard Abraham		ADDRESS Risco - Box 145	
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			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Returned to death in car				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause of Life Unknown							
DUE TO (c) _____							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8354 32							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. 072		20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		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) 6-1-52 11:30 AM		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Hedgcock (Degree or title) Coroner				23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED June 2-52	
24a. BURIAL, CREMATION, REMOVAL DATE June 4-52		24b. NAME OF CEMETERY OR CREMATORY Marilla Cemetery		24c. LOCATION (City, town, or county) (State) Marilla Ark			
DATE REC'D BY LOCAL REG. 6-8-52		REGISTRAR'S SIGNATURE Dr. G. H. Kuster		25. FUNERAL DIRECTOR'S SIGNATURE Thomas C. Knight		ADDRESS Malden	

(Licensed Embalmer's Statement on Reverse Side)

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

STANDARD CERTIFICATE OF DEATH

[illegible]

Completed by _____
 Date _____
 Signature _____
 Title _____
 Department _____
 Organization _____
 Address _____
 City _____
 State _____
 Zip _____
 Phone _____
 Fax _____
 E-mail _____
 Web _____
 Other _____

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