

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43221**

FILED JAN 7 - 1953

BIRTH NO. **124 75721** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **423**

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

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <del>St Francois</del>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>601 Maple</b>		d. STREET ADDRESS (If rural, give location) <b>1740 Missouri Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Mabery</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 26 1952</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white US</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>July 20, 1952</b>
9. AGE (In years last birthday) <b>0</b>		10. MONTHS <b>5</b>	11. DAYS <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Rural Mabery</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Lou Harrington</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
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 <b>Rural Mabery, St Louis, Mo.</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery thrombosis, by suffocation.</b> ANTECEDENT CAUSES <b>from all appearances are believed to be morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>accidental.</b> DUE TO (c) <b>Suffocation</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E 9240 18</b>			
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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>014 Farmington St Francois Missouri</b> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 26 1952 6A<sup>m</sup></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>suffocated in bed, body slipping thru side, and fastening body.</b>	
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 <b>Earl O Miller</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>Farmington, Mo</b>	
23c. DATE SIGNED <b>12/28/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12/28/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K-P Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Dec 28, 1952</b>	REGISTRAR'S SIGNATURE <b>Esther Rudolph</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul H. Miller</b> ADDRESS <b>Miller Funeral Home, Farmington, Mo.</b>	

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 Paul K. Dezal

Licensed Embalmer No. 4120

P. O. Address. Farmington 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.