

STANDARD CERTIFICATE OF DEATH

State File No. 44373

BIRTH NO.		REG. DIST. NO. 369	PRIMARY REG. DIST. NO. 6249	Registrar's No. 121
1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY, Wayne		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Benton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont (Rural) Benton		
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 1110		
3. NAME OF DECEASED (Type or Print) a. (First) Delphia		b. (Middle) Anna		c. (Last) Mabury
4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1952				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 25 1884	9. AGE (In years last birthday) 67 Months 11 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wayne Co. Mo. ✓
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME H.M. Duncan		13b. MOTHER'S MAIDEN NAME Emma C. Meador		14. NAME OF HUSBAND OR WIFE A Wilford Mabury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs Mira Beardon
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery sclerosis DUE TO (c) Advancing age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hour
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) m.		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 11/21, 1952, to 11/26, 1952, that I last saw the deceased alive on 11/26, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Robert C. Engelhardt (Doctor or title)		23b. ADDRESS 100 So Main St. Poplar Bluff, Mo		23c. DATE SIGNED 12/4/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 52		24c. NAME OF CEMETERY OR CREMATORY Sparks Cemetery
24d. LOCATION (City, town, or county) Piedmont (Rural)		24e. (State) Mo		
DATE REC'D BY LOCAL REG. Dec. 31, 1952		REGISTRAR'S SIGNATURE Hazel Ward 4500		25. FUNERAL DIRECTOR'S SIGNATURE WILLIAM CODES
				ADDRESS Piedmont 220

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1953

RECEIVED

JAN 2 1953

WAYNE CO. HEALTH CENTER

FILE No. 153-1

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William Coder*

Licensed Embalmer No. *3723*

P. O. Address *Piedmont, 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.