

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13280

State File No. ....

ED APR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u> <u>0100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 E. Booth St.</u>		d. STREET ADDRESS (If rural, give location) <u>816 E. Booth</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Mabel</u>	a. (First)	b. (Middle)	c. (Last) <u>McKenzie</u>	4. DATE OF DEATH <u>April 15, 1953</u>	(Month)	(Day)	(Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>8-9-1896</u>	9. AGE (In years last birthday) <u>56</u>	# UNDER 1 YEAR Months <u>8</u>	YEAR Days <u>6</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u> <u>C</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Charles A. Pope Singleton</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza E. Robertson</u>	14. NAME OF HUSBAND OR WIFE <u>John Perry McKenzie</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)	16. SOCIAL SECURITY NO. <u>488-32-4784</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis McKenzie</u>	ADDRESS <u>Centralia, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Gall bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe obesity</u>		<u>40 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>155X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Centralia</u> (COUNTY) <u>Boone</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan., 1951, to Apr., 1953, that I last saw the deceased alive on Apr. 14, 1953, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

22a. SIGNATURE <u>P. J. Edmondson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Centralia, Mo.</u>	23c. DATE SIGNED <u>Apr 15, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 18 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 17-1953</u>	REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>	25. SANITARY DIRECTOR'S SIGNATURE <u>Dell P. Meador</u>	ADDRESS <u>Centralia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

PL 23 1953

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 *Bill J. Menden*

Licensed Embalmer No. *4876*

P. O. Address *Centralia, Missouri*

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.