

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17451**
Registrar's No. **133**

FILED MAY 16 1953

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 13 yrs		d. STREET ADDRESS (If rural, give location) 421 Monroe Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 421 Monroe Street		d. STREET ADDRESS 421 Monroe Street	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Carter c. (Last) Mabrey			4. DATE OF DEATH (Month) (Day) (Year) May 14 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb-6-1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Cashier		10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and State or Foreign Country) Doniphan, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Mabrey	13b. MOTHER'S MAIDEN NAME Sallie Carter	14. NAME OF HUSBAND OR WIFE Nan Mabrey
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-03-5022	17. INFORMANT'S SIGNATURE OR NAME Nancy Mabrey, Jefferson City, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease		
	DUE TO (c) Chronic draining emphysema left lung		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4200		19c. 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) _____	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 **Aug**, 19**48**, to **5-14**, 19**53**, that I last saw the deceased alive on **5-14**, 19**53**, and that death occurred at **1:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Francis D. Mead M.D.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 5/15/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May-16-1953	24c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery
24d. LOCATION (City, town, or county) (State) Doniphan, Missouri		

DATE REC'D BY LOCAL REG. May 15-1953	REGISTRAR'S SIGNATURE R. P. Dickinson	FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS Jefferson City, Mo
---	--	---	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 22 1958

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 *Joseph J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.