

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2510**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **18**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>ST. FRANCOIS</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>FARMINGTON</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>912 W. Liberty</b>		e. STREET ADDRESS (If rural, give location) <b>912 W. Liberty</b>	

<b>3. NAME OF DECEASED</b> a. (First) <b>JESSE</b> b. (Middle) <b>PARKER</b> c. (Last) <b>MACKLEY</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 21, 1954</b>		
--	--	--	--	--	--

<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Mar. 6, 1865</b>	<b>9. AGE</b> (In years last birthday) <b>88</b>	<b>IF UNDER 1 YEAR</b> Months <b>10</b> Days <b>15</b>	<b>IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b>
------------------------------	---	---	--	--	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>farmer</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ste. Genevieve County, Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
---	---	--	---

<b>13a. FATHER'S NAME</b> <b>Jesse Mackley</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Isabel Faulkner</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Belle Mackley</b>
---	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Jesse Parker Mackley, Farming-</b>	<b>ADDRESS</b> <b>ton, Mo.</b>
--	---	--	-----------------------------------

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>ton, Mo.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Hypostatic Pneumonia</b>	<b>ANTECEDENT CAUSES</b> <b>Cerebral Hemorrhage</b>	<b>DUE TO (b)</b>	<b>1 day</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>DUE TO (c)</b> <b>arteriosclerosis</b>	<b>DUE TO (b)</b>	<b>4 day</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE) <b>331 X</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	---	-----------------------------------

**22. I hereby certify that I attended the deceased from Jan 15, 1954 to Jan 21, 1954 that I last saw the deceased alive on Jan 21, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>L. M. Stanford, M.D.</b>	<b>23b. ADDRESS</b> <b>Farmington</b>	<b>23c. DATE SIGNED</b> <b>1/22/54</b>
--	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>Jan. 24, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Three Rivers Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Ste. Genevieve Co., Mo.</b>
---	--	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>Jan. 23, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Esther Rudloff</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>COZEAN-FUNERAL-HOME, FARMINGTON, MO.</b>	<b>ADDRESS</b>
---	---	--	----------------

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

941  
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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*C. H. Cozear*

Licensed Embalmer No. 40

P. O. Address Farming

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.