No. 300
0.48

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13778

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3267

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo Bapist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: MONTGOMERY
c. CITY OR TOWN: Montgomery City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0700

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Rose
c. (Last): Mabry

4. DATE OF DEATH (Month) (Day) (Year): Apr 11 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-13-1885
9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Montgomery City Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Lemuel W Show
13b. MOTHER'S MAIDEN NAME: Dorothy Jane Ware
14. NAME OF HUSBAND OR WIFE: Eugene Mabry

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.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dorothy Thompson, New Florence, Missouri.

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1st, 2nd and 3rd degree burns of body, arms, and legs, suffered

ANTECEDENT CAUSES — DUE TO (b) ~~Deceased was burned~~ in her home at Montgomery City, Mo. about 800 am

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) April 1 1954 when her clothing came ignited while cooking

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Montgomery City Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 1 54 8:00 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 070 E916.0

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 4451 m., from the causes and on the date stated above.* 16

23a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 4.12.54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-12-54
24c. NAME OF CEMETERY OR CREMATORY: Montgomery Cem
24d. LOCATION (City, town, or county) (State): Montgomery City Mo

DATE REC'D BY LOCAL REG.: APR 12 1954
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland - Aker
ADDRESS: 4104 Manchester

G.P. (Licensed Embalmer's Statement on Reverse Side)

MAY 18 1984

MAY 12 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O Yahn

Licensed Embalmer No. 34

P. O. Address Hou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.