

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16914

State File No. ....

FILED MAY 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>46</u>		
1. PLACE OF DEATH a. COUNTY <b>Polk</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>				
b. CITY OR TOWN <b>Humansville</b>		c. LENGTH OF STAY (in this place) <b>6 Mo. 19 Days</b>		c. CITY OR TOWN <b>Humansville</b>		d. Is 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>Geo. Dimmitt Mem. Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0840</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) <b>Lincoln</b> c. (Last) <b>Mabry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-11-54</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-13-71</b>		9. AGE (In years last birthday) <b>82</b>	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) <b>County Treasurer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Olney, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Philip Mabry</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett Ann Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Mamie Mabry</b>				
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 <b>Mrs Roxie Edmondson Weaubleau, Mo</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH _____	
				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. <b>331X</b>				
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)		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 <u>1-6</u> 19 <u>52</u> , to <u>5-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>54</u> , and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>H. P. Robinson</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Humansville, Mo</b>		23c. DATE SIGNED <b>5/12/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-13-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Humansville. Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>5-15-1954</b>		REGISTRAR'S SIGNATURE <b>Ralph Horden per Jewell Horden</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beckwith Funeral Home Humansville</b>				

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

MAY 25 1925

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..... *O. H. Beckwith* .....

Licensed Embalmer No. *3937*

P. O. Address *Hennepin* .....

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.