

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30311**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>909</u>		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BENTON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW			0080 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOHNS. HOSPITAL				d. STREET ADDRESS (If rural, give location) WARSAW				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) WHITE		c. (Last) MABARY		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29, 54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1 AUG. 1878		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (City and State or Foreign Country) Hickory County, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis M. Mabary			13b. MOTHER'S MAIDEN NAME Dulcena Parke		14. NAME OF HUSBAND OR WIFE Martha E. Mabary			
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha E. Mabary Warsaw, Mo.				
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 24x5
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis				DUE TO (b) Prostatic Hypertrophy				K
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				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 610X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>9-29, 1954</u> , to <u>9-29, 1954</u> , that I last saw the deceased alive on <u>9-29, 1954</u> , and that death occurred at <u>2:30Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. P. Maddux M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 10-1-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-3-54	24c. NAME OF CEMETERY OR CREMATORY Fisher Cemetery		24d. LOCATION (City, town, or county) (State) Hickory County, Mo.			
DATE REC'D BY LOCAL REG. 10-2-54		REGISTRAR'S SIGNATURE Edwin Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RESER FUNERAL HOME WARSAW, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

JRI:AL

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 _____

Licensed Embalmer No. 4076

P. O. Address _____

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.