

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7319

State File No.

BIRTH NO. 50787-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 274

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | c. LENGTH OF STAY (in this place) <u>7 Mos.</u> | c. CITY OR TOWN <u>St. Joseph</u> | 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 <u>St. Joseph's Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>723 South 21st Street</u> | |

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| 3. NAME OF DECEASED a. (First) <u>Michael</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Mabin</u> | | | 4. DATE OF DEATH <u>Mar. 13, 1955</u> (Month) (Day) (Year) | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Aug. 1 1954</u> | | 9. AGE (in years last birthday) IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>----</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Louis E. Mabin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Boone</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Louis Mabin-723 S. 21 St.-St. Jos. Mo.</u> | |
| | | | | ADDRESS <u>St. Jos. Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration</u> | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extremities, acute</u> | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" 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) <u>5710</u> | |
| 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 2/9, 1955, to 2/13, 1955, that I last saw the deceased alive on 2/13, 1955, and that death occurred at 9:30 AM, from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Charles J. Sheridan</u> | | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>902 Edward St. City</u> | | 23c. DATE SIGNED <u>3/15/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 15-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>March 15, 1955</u> | REGISTRAR'S SIGNATURE <u>Esther M. Allison</u> | | 4856 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u> | | ADDRESS <u>St. Joseph, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Wm H. Alexander*

Licensed Embalmer No. *445*

P. O. Address *St. Joseph*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.