

FILED OCT 5 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 23423 Registrar's No. 138

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Trenton
d. FULL NAME OF HOSPITAL OR INSTITUTION 1814 E 9th		e. STREET ADDRESS (If rural, give location) 1814 E. 9th. 0402	

3. NAME OF DECEASED. (Type or Print)	a. (First) SARAH	b. (Middle) FRANCES	c. (Last) MACK	4. DATE OF DEATH (Month) (Day) (Year) Sept 24 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR 6, 1868	9. AGE (in years last birthday) 87	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 18	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker.	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Newtown Ohio.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BARNETT Slonecker	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE W.W. MACK (doc)
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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 Lola MACK Trenton, MO.	ADDRESS
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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 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Trenton MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1st 1954** to **Sept 24th 1955**, that I last saw the deceased alive **Sept 23rd 1955**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffly M.D.	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Sept 24th 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 26 1955	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery	24d. LOCATION (City, town, or county) (State) Trenton, MO.
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DATE REC'D BY LOCAL REG. 9/25/55	REGISTRAR'S SIGNATURE Jrene Jaur	25. FUNERAL DIRECTOR'S SIGNATURE DAVIS-Blackmer	ADDRESS Trenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Oliver Duffly.

OCT 6 1953

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.....
Gordon Blackman

Licensed Embalmer No. 460

P. O. Address Trenton, N.J.

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.