

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5951 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Indian</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Indian</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi SW Vandalia</u>		f. STREET ADDRESS (If rural, give location) <u>10 mi SW Vandalia</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mertie</u>	b. (Middle) <u>May</u>	c. (Last) <u>Mabry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 5, 1883</u>	9. AGE (In years) (Month) (Day) (Year) <u>72</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Middletown, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>William Wilson Cowan</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Long</u>	14. NAME OF HUSBAND OR WIFE <u>James Albert Mabry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Mabry, Curryville, Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable cerebral embolus</u>		<u>10 minutes</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) <u>arteriosclerotic heart disease diagnosed 1 year</u>		<u>6 months</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic cholelithiasis; recent pulmonary embolus</u>			

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) <u>Indian, Pike, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 1955, to 10/16, 1955, that I last saw the deceased alive on 10/16/55, 1955, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest R. Phoenix M.D.</u>	23b. ADDRESS <u>Vandalia Mo</u>	23c. DATE SIGNED <u>10/17/55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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DATE REC'D BY, LOCAL REG. <u>10/17/55</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William B. Water</u>	ADDRESS <u>Vandalia, Missouri</u>
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WRITE PLAINLY—USING UNFADEING 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 *William D. Dater*

Licensed Embalmer No. *416*

P. O. Address *Vandalia*

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.