

FILED NOV 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37498

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>343</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			c. LENGTH OF STAY (in this place) <u>5 Mo.</u>		c. CITY OR TOWN <u>Palmyra</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>Levering Hospital</u>				STREET ADDRESS (If rural, give location) <u>1501 S. Main</u>				<u>0640</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katharine</u>			b. (Middle) <u>Wainwright</u>		c. (Last) <u>Mackey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1955</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5/21/1864</u>		9. AGE (In years last birthday) <u>91</u> 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) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury, Connecticut</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Johnathan Wainwright</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Hayden</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Warren Mackey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warren Head</u>			ADDRESS <u>Palmyra, Mo.</u>		
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) <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days -</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured R hip</u>								<u>1 month</u>	
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 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) <u>Palmyra</u> (COUNTY) <u>Mo.</u> (STATE)					
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?					
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>55</u> , to <u>28 Oct</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>28 Oct</u> , 19 <u>55</u> , and that death occurred at <u>12:30 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wyeth Hamlin M.D.</u>				(Degree or title)		23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>5 Nov 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/31/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 14 1955</u>		REGISTRAR'S SIGNATURE <u>W. C. Lucke</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Spurgeon</u>			ADDRESS <u>Palmyra, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

NOV 16 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED NOV 16 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *E. J. Shugart*

Licensed Embalmer No... 3245

P. O. Address..... Palmyra,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.