

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

8236

FILED APR 2 - 1956

State File No. 214

3007

Registrar's No. 214

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No. <u>214</u>		Registrar's No. <u>214</u>			
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)							
a. COUNTY <u>Butler</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Wayne</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Poplar Bluff</u> )			c. LENGTH OF STAY (in this place) <u>4 da.</u>		c. CITY OR TOWN <u>Wappapello</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>Lucy Lee Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 2</u>							
<b>3. NAME OF DECEASED</b> (Type or Print)			a. (First) <u>Minnie</u>		b. (Middle) <u>Annie</u>		c. (Last) <u>Mabrey</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>3-18-56</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>3-18-01</u>		<b>9. AGE</b> (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Drum, Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>Henry Thiele</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Annie Wilferth</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Charles Louis Mabrey</u>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>C.L. Mabrey, Wappapello, Mo.</u>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Carcinoma</u>						<u>8 mo.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma left Breast</u>						<u>6 yrs.</u>	
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<u>170X</u>							
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>							
<b>22. I hereby certify that I attended the deceased from</b> <u>Oct, 1953</u> , to <u>18 March, 1956</u> , that I last saw the deceased alive on <u>18 March, 1956</u> , and that death occurred at <u>4:00p. m.</u> , from the causes and on the date stated above.											
<b>23a. SIGNATURE</b> <u>Norman E. Willis</u> (Degree or title) <u>MD</u>						<b>23b. ADDRESS</b> <u>Poplar Bluff, Missouri</u>			<b>23c. DATE SIGNED</b> <u>17 March 56</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3-21-56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>					
<b>DATE REC'D BY LOCAL REG.</b> <u>3/23/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>			<b>ADDRESS</b> <u>Greer Croy &amp; Fitch Poplar Bluff, Mo.</u>			

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

No. 300  
10.48

489

RECEIVED

MAR 26 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 *Wallace N. Fitch*.....

Licensed Embalmer No. *385*.....

P. O. Address *Baylar Bluff*.....

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.