

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16477**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 9000	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Town Kansas City		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN Kansas City		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 2500 Forest				e. STREET ADDRESS (If rural, give location) 2500 Forest			
3. NAME OF DECEASED a. (First) Mary b. (Middle) Ann c. (Last) Mackie			4. DATE OF DEATH May 1, 1956			3418	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, 1. WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH April 23, 1893	
9. AGE (In years last birthday) 63 yrs.		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Madison, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dave Martin		13b. MOTHER'S MAIDEN NAME Hannah Martin		14. NAME OF HUSBAND OR WIFE Jimmie Mackie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lucille Thompson		ADDRESS 2500 Forest	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Obese 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. NO.				INTERVAL BETWEEN ONSET AND DEATH 3347	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NO.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Kansas City Jackson Mo			
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 4/19/56 19 56 , to 5/1/56 , 19 56 , that I last saw the deceased alive on 5/1/56 , 19 56 , and that death occurred at 2 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Henry B. Lyons (Degree or title) Henry B. Lyons M.D.				23b. ADDRESS 1605 East 18th St		23c. DATE SIGNED 5/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Canton, Mississippi		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 5-3-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Walter Bess ADDRESS 19th & Benton			

(Licensed Embalmer's Statement on Reverse Side)

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

10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
posed by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No... 43

P. O. Address... 18th &

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.