300
48

FILED JUN 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19516

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5062 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Purdy Rural McDonald
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Purdy
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): N. E of Purdy 0050

3. NAME OF DECEASED (Type or Print): a. (First) Ella b. (Middle) Mae c. (Last) Mackey
4. DATE OF DEATH (Month) (Day) (Year): June 5 - 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 8 - 1885
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months: 9 Days: 28 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: Housework
11. BIRTHPLACE (City and State or Foreign Country): Purdy, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Millard Terry
13b. MOTHER'S MAIDEN NAME: Sarah Ellen Morlan
14. NAME OF HUSBAND OR WIFE: Jim Mackey (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hershel Mackey ADDRESS: Purdy, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis and Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coma — 1 week
DUE TO (c) Arteriosclerotic Psychosis — 2 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardio-Vascular-Renal Syndrome — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-29, 1955, *to* 6-6, 1956, *that I last saw the deceased alive on* 6-5, 1956, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul E. Harris (Degree or title) D.O.
23b. ADDRESS: Purdy Mo
23c. DATE SIGNED: 6/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8-1956
24c. NAME OF CEMETERY OR CREMATORY: Arnhart Cemetery
24d. LOCATION (City, town, or county) (State): East of Purdy Mo.

DATE REC'D BY LOCAL REG.: 6-11-56
REGISTRAR'S SIGNATURE: Mrs P. N. Cole
25. FUNERAL DIRECTOR'S SIGNATURE: Bennett-Wormington Funeral Home
ADDRESS: Monett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3
6

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 656-100

DATE REC. 6-18-56

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 421

P. O. Address Monett, M

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