

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21165

FILED JUL 13 1956

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 4314 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Atlanta</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Atlanta</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died at Home</u>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Susan</u> Middle <u>Emeline</u> Last <u>Mackey</u>				4. DATE OF DEATH Month <u>July</u> Day <u>8</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 16 1886</u>	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In Years last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>23</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Making</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>			11. BIRTHPLACE (City and state or country) <u>Knott Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>Green Bowen</u>			
14. MOTHER'S MAIDEN NAME <u>Mary Jane Wilson</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT Name <u>Carl Mackey</u> Address <u>Atlanta Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Cancer</u>						INTERVAL BETWEEN ONSET AND DEATH <u>16 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Cancer of uterus (uterus removed several years ago).</u>	
						DUE TO (c) <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>174X</u>	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 1955</u> , to <u>Death</u> and last saw her <sup>her</sup> alive on <u>July 8</u> Death occurred at <u>July 8 11:45 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ernest D Pleth DO</u> (Degree or title)				22b. ADDRESS <u>Atlanta Mo</u>		22c. DATE SIGNED <u>July 9 56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 10 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wm. Caborn</u>		23d. LOCATION (City, town, or county) (State) <u>Near Atlanta Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H. M. S. ... Atlanta Mo</u>				25. DATE RECD. BY LOCAL REG. <u>7/10/56</u>		26. REGISTRAR'S SIGNATURE <u>Walter M. Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disseminated in Part I must be carefully retained. Coroner cannot certify to a death due to natural causes.

RECEIVED 7.11.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7.56.103  
Date Filed 7.12.56

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..... *H. M. Good*

Licensed Embalmer No. 173

P. O. Address *Atlanta*

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.