

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24676  
STATE FILE NUMBER

FILED JUL 18 1956

Registration District No. 290 Primary Registration District No. 4430 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <b>Crocker, Mo.</b>		c. CITY OR TOWN <b>Crocker, Mo.</b>	d. STREET ADDRESS <b>Rural Rt. # 3.</b>		e. INSIDE LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>			Length of stay in 1b <b>life.</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Rebecca</b> Middle <b>Isabelle</b> Last <b>Mackney.</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4,</b> Year <b>1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 9, 1877</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and state or country) <b>Gerald, Mo Franklin Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Jackson Fitzgerald.</b>			14. MOTHER'S MAIDEN NAME <b>Laura McConnel</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT <b>Harry Mackney.</b> Address <b>Crocker, Mo Rt# 3</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIO-VASCULAR-RENAL DISEASE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 YRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PARKINSON DISEASE</b>					<b>5 YRS.</b>
DUE TO (c)					
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.)		
20c. TIME OF INJURY Hour <b>7 P.M.</b> Month <b>7</b> Day <b>4</b> Year <b>1956</b>					
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 <b>Crocker, Missouri</b>		STATE
21. I attended the deceased from <b>1972</b> to <b>July 4, 1956</b> and last saw her alive on <b>July 4, 1956</b> . Death occurred at <b>7 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>John A. Michalewicz</b>			22b. ADDRESS <b>Crocker, Missouri</b>		22c. DATE SIGNED <b>7/5/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/7/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>	
24. FUNERAL HOME <b>Hedges Funeral Home</b>			25. DATE RECD. BY LOCAL REG. <b>7-7-56</b>	26. REGISTRAR'S SIGNATURE <b>Geneva Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-14-56  
Pulaski County Health Officer  
File Number 86  
Date Filed 7-7-56

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..... *Clarence Inoss*

Licensed Embalmer No. 481

P. O. Address *Waynesville*

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.