

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26461**

FILED SEP 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **5417** Registrar's No. **8**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dunklin</b> b. CITY OR TOWN <b>Rural - (Clay Twp.)</b> c. LENGTH OF STAY (In this place) <b>1 yr</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 mi. NW of Hornersville</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b> c. CITY OR TOWN <b>Hornersville Pt. 1</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>1/2 mi. NW of Hornersville</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Jessie</b> b. (Middle) <b>Manuel</b> c. (Last) <b>Mayberry</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 23, 1956</b>			
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>May 18, 1906</b>	<b>9. AGE</b> (In years) (Months) (Days) (Hours) (Min.) <b>50 3 5</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done for the most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farmer</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Knobel, Arkansas</b>	
<b>13a. FATHER'S NAME</b> <b>Charley Mayberry</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Callie Montgomery</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Helen Mayberry</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>489-12-3900</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Helen Mayberry - Hornersville, Mo. Ct. 1</b>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Congestive heart failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of stomach</b> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>  YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>  <b>151X</b>			
<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) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>8/20</b> , 19 <b>56</b> , to <b>8/23</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>8/23</b> , 19 <b>56</b> , and that death occurred at <b>6:30 P</b> m., from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <b>R.F. Palenske M.D.</b>			<b>23b. ADDRESS</b> <b>Hornersville, Mo.</b>		
<b>23c. DATE SIGNED</b> <b>8/24/56</b>					
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>8/25/56</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Horners Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hornersville, Mo.</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>8-24-56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Sue Palenske</b>			
<b>25. GENERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Howard Funeral Service - Teacheyville, Ark.</b>					

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT..... 9-4-52.....

COUNTY FILE NUMBER 952-371.....

SEP 3 9 1952

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 *7/7/Howard*.....

Licensed Embalmer No. *3959*

P. O. Address *Leachville*

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.