

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35162**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>1101</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joseph</b>	b. (Middle) <b>Fieldon</b>	c. (Last) <b>Mackley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>11-6-1904</b>	9. AGE (In years) (last birthday) Months Days Hours Min. <b>51 10 9</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>lift operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>National lead.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Mackley</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Mae</b>
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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>194-01-5630</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Ruth Minix Cadet</b>	ADDRESS <b>Rt 1, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>20 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular Fibrillation</b> DUE TO (c) <b>Arteriosclerotic heart dis</b>		<b>unk</b> <b>1 1/2 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10-4-56**, 19**56**, to **10-5**, 19**56** that I last saw the deceased alive on **10-5**, 19**56**, and that death occurred at **10:37A.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lester W. Smith M.D.</b>	23b. ADDRESS <b>Bonne Terre Mo.</b>	23c. DATE SIGNED <b>10-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-7-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Knoblick, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Oct 5, 1956</b>	REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lester W. Smith</b>	ADDRESS <b>Potosi, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

809

ICT 17 1955

GET 30 1955

REC'D

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 .....  
Student Embalmer

Signed

*Mary M. Smith*

Licensed Embalmer No. 4394

P. O. Address Potosi, Mo

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 this body is not embalmed, fact should be so stated above.