S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36927

State File No.

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5079 Registrar's No. 100

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1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Lincoln
c. LENGTH OF STAY (In this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) Westboro, Mo
5 1/2 Mi East 2 Mi South

3. NAME OF DECEASED (Type or Print)
a. (First) Waring
b. (Middle) Spencer
c. (Last) Mackoy

4. DATE OF DEATH (Month) (Day) (Year) Nov-9-1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Dec -7-1943
9. AGE (In years last birthday) 12 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grade School
10b. KIND OF BUSINESS OR INDUSTRY Reg school
11. BIRTHPLACE (City and State or Foreign Country) California
12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Russell Mackoy
13b. MOTHER'S MAIDEN NAME Shirley A Spencer
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Russell Mackoy ADDRESS Blanchard, Ia

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) 22 Caliber rifle bullet into at frontal lobe of brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM
21c. (~~CITY, TOWN~~ OR TOWNSHIP) Lincoln (COUNTY) 43 (STATE) MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 9 56 9:00 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Gun shot ACCIDENTAL

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE D. D. C. Gallup (Degree or title) Coroner
23b. ADDRESS Rock Port Mo
23c. DATE SIGNED 11-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov-11-1956
24c. NAME OF CEMETERY OR CREMATORY Union Grove
24d. LOCATION (City, town, or county) Northboro, Iowa (State)

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DATE REC'D BY LOCAL REG. Nov 17, 1956
REGISTRAR'S SIGNATURE Therwin H. Schaeler
25. FUNERAL DIRECTOR'S SIGNATURE [illegible]
ADDRESS Westboro, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me ~~#####~~ Ashley R Tucker, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ashley R. Tuck

Licensed Embalmer No. 4.7.5.

P. O. Address Westboro., M

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