

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18245

FILED MAY 22 1957

STATE FILE NUMBER

Registration District: No. 290 Primary Registration District No. 4430 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> ✓		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crocker, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Crocker, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None.</u>		Length of stay in lb		d. STREET ADDRESS <u>None.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Howard</u> Last <u>Mackney...</u>			4. DATE OF DEATH Month <u>May</u> Day <u>15</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 28, 1872</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real estate</u>		11. BIRTHPLACE (City and state or country) <u>Crocker, Mo Pulaski Co</u>	
13. FATHER'S NAME <u>Henry Everett Mackney.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Howell.</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT <u>Clara Jones</u> Address <u>Crocker, Missouri</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>CARDIO-VASCULAR-RENAL DISEASE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>442x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
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>✓</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ 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.) <u>✓</u>		20f. CITY, TOWN, OR LOCATION <u>Crocker, Missouri</u>		20g. COUNTY <u>Crocker, Missouri</u>	
20h. STATE <u>Missouri</u>		21. I attended the deceased from <u>1945</u> to <u>MAY 15, 1957</u> and last saw <u>her</u> alive on <u>MAY 14, 1957</u> Death occurred at <u>2:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John A. Mikshuk DO.</u> (Degree or title)			22b. ADDRESS <u>Crocker, Missouri</u>		22c. DATE SIGNED <u>5/16/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/17/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemst.</u>		23d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>	
24. FUNERAL DIRECTOR <u>Hedges General Home</u> ADDRESS <u>Crocker, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-17-57</u>		26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED 5-18-57  
63  
Pulaski County Health Officer  
File Number  
Date Filed 5-17-57

MAY 22 1957

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 Thorse

Licensed Embalmer No. 48

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.