

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43:165

FILED NOV 25 1957

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 210
2073 209

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|--|-------------------------------|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Saline | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Marshall Township TOWN | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State School | | | Length of stay in lb 20 mos. | d. STREET ADDRESS 2839 Monroe | | | (If outside, give location) 336 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Barbara Middle Ann Last Mabin | | | | 4. DATE OF DEATH Month Nov. Day 16, Year 1957 | | | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 8-8-1950 | | 9. AGE (In years last birthday) 7 yrs. | IF UNDER 1 YEAR Months 7 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Benjamin Mabin | | | | 14. MOTHER'S MAIDEN NAME Naomi Jamison | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Mo. State School records, Marshall, Mo. Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hyperthermia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Febrile Convulsions DUE TO (c) Influenza PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Microcephalic, epileptic, mental defective, invalid; idiocy | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 days 7 days 7 days |
| 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 9:10 p. m. Month, Day, Year | | | | | | | |
| 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 | | COUNTY | STATE |
| 21. I attended the deceased from Sept., 1955 to Nov., 1957 and last saw her her alive on Nov. 16, 1957 Death occurred at 9:10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Marion E. Hoche (Degree or title) M. D. | | | | 22b. ADDRESS Marshall, Missouri | | 22c. DATE SIGNED 11-17-57 | |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | |
| Burial | | 11/19/57 | Missouri State School Marshall, Saline, Missouri | | Missouri | | |
| 24. FUNERAL DIRECTOR George E. Brown, Marshall, Mo. ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. 11-19-57 | | 26. REGISTRAR'S SIGNATURE Cecil G. Reed | |

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 *Lester Green*
Licensed Embalmer No. 472

P. O. Address Marshall

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.