

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009195
State No.

FILED MAR 24 1958

0210

BIRTH NO.		REG. DIST. NO. <u>64</u>	PRIMARY REG. DIST. NO. <u>411</u>	Registrar's No. <u>13</u>
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		c. LENGTH OF STAY (in this place) <u>16 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> <u>0219</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 So. Weber ave.</u>		d. STREET ADDRESS (If rural, give location) <u>303 West 4th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Mack</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 5, 1875</u>	9. AGE (In years last birthday) <u>83</u> 10 UNDER 1 YEAR Months Days 11 UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Barton W. Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE <u>Otis Ernest Mack</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Mack, Salisbury, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fall Illness</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably stroke in Conn.</u> DUE TO (c) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>584X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>58</u> , to <u>Mar 20, 1958</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>58</u> , and that death occurred at <u>5:08</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>W. H. Hartman</u>		23b. ADDRESS <u>Salisbury, Mo.</u>		23c. DATE SIGNED <u>3/20/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/22/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-20-58</u>		REGISTRAR'S SIGNATURE <u>W. H. Hartman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B Winkelmeier, Salisbury, Mo.</u>

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

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

Chas B Winhelmyer

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.