

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043467
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY BOLLINGER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WUTESVILLE 0090		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTH EAST Mo. Hospital			Length of stay in 1b 1 Mo. 7 Days	d. STREET ADDRESS NONE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First AMBERT Middle MABREY Last MABREY				4. DATE OF DEATH Month 12 Day 24 Year 58				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-21-1889		9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 1 Days 3	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WELDER			10b. KIND OF BUSINESS OR INDUSTRY STANDARD OIL Co.		11. BIRTHPLACE (City and state or country) BOLLINGER Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME SEBASTINE MABREY			13b. MOTHER'S MAIDEN NAME WUCINDA BELL			14. NAME OF HUSBAND OR WIFE GRACE S. MABREY		
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. 346-03-0611		17. INFORMANT Address GRACE S. MABREY WUTESVILLE Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesothelic Carcinoma of Colon DUE TO (b) Carcinoma of Colon DUE TO (c) 1538							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 12:05 Month, Day, Year 12-27-1958 a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <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 Nov. 17, 1958 , to Dec. 24, 1958 and last saw him alive on Dec. 24, 1958 Death occurred at 12:05 CST m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Merlin P. Keaton, M.D. (Degree or title)				22b. ADDRESS 957 Broadway Cape Girardeau Mo.		22c. DATE SIGNED 12-30-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-27-1958	23c. NAME OF CEMETERY OR CREMATORY BAKER CEMETERY		23d. LOCATION (City, town, or county) WUTESVILLE Mo.		(State)	
24. FUNERAL DIRECTOR BAKER FUNERAL HOME ADDRESS WUTESVILLE Mo.				25. DATE RECD. BY LOCAL REG. Jan 3 1959		26. REGISTRAR'S SIGNATURE Mr. Homer Cooper		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *J. E. Graham*

Licensed Embalmer No. *4110*

P. O. Address *Lutesville, Md*

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.