

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046990

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 227

FILED DEC 16 1958

1. PLACE OF DEATH
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri Inside Limits Yes No
c. CITY OR TOWN Nevada 10920 Inside Limits Yes No

c. FULL NAME (If in institution) Tate Nursing Length of stay in lb 60 yrs. d. STREET ADDRESS (If outside, give location) 934 West Cherry St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Edna LaRue Mackey

4. DATE OF DEATH Month Day Year
12-9-1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Oct. 17, 1888 9. AGE (In years (months) (days)) 70 IF UNDER 1 YEAR Months Day Hours Min. 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) Vernon County Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Erasmus Foland 13b. MOTHER'S MAIDEN NAME Ida Anderson 14. NAME OF HUSBAND OR WIFE Byrl Mackey

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. 491-090036 17. INFORMANT A.W. BYRL Mackey, Husband Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anasarca
DUE TO (b) Interstitial Nephritis.
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

INTERVAL BETWEEN ONSET AND DEATH 1 year
3-4 yrs.

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 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 Feb. 2, 1956 to Dec. 9, 1958 and last saw her alive on Dec. 9, 1958
Death occurred at Nevada, Mo. 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. P. McCann, M.D. 22b. ADDRESS Moore Bldg., Nevada, Mo. 22c. DATE SIGNED 12/11/1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-11-1958 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 23d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri

24. FUNERAL DIRECTOR ADDRESS Hays Funeral Service, Inc. Nevada, Missouri 25. DATE RECD. BY LOCAL REG. 12-13-1958 26. REGISTRAR'S SIGNATURE Anna E. Jurey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard L. Lippert*

Licensed Embalmer No. 5253

P. O. Address W. H. ...

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.