THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000505

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Cape
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hosp — Length of stay in 1b: 1/2 hr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN: Ste. Genevieve — Inside Limits: Yes ☑ No ☑
d. STREET ADDRESS (If outside, give location): 76 No Main — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Allen — Middle: King — Last: Mabuce

4. DATE OF DEATH: Month: Jan — Day: 1 — Year: 1959

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: March 24, 1890

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Marquand, Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob F. Mabuce

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Bessie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 498-10-2358

17. INFORMANT: Mrs Bessie Mabuce — Address: Ste Genevieve, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: several hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Renal disease - possible
DUE TO (c): myocardial infarction 4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rt. lobectomy 2 yrs ago for "lung abscess"

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ 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 1-1-59, to 1-1-59 and last saw him alive on 1-1-59. Death occurred at 3:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L.R. Scarbaugh, M.D.

22b. ADDRESS: 219 N. Pacific, Cape Girardeau, Mo

22c. DATE SIGNED: 1-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-4-59

23c. NAME OF CEMETERY OR CREMATORY: Crest lawn

23d. LOCATION (City, town, or county) (State): Ste. Genevieve, Mo

24. FUNERAL DIRECTOR: Jerome A. Stanton — **ADDRESS**: Ste Genevieve Mo

25. DATE RECD. BY LOCAL REG.: Jan. 6, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 13 1959

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 Jerome L. Stanton

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.