

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012972
STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 395A

300
1-57

1. PLACE OF DEATH a. COUNTY <u>GREEKE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GREEKE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Walnut Grove</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>RR # 3</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>MALINDA</u> Last <u>MACKEY</u>			4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-16-1879</u>	9. AGE (In years, months, days, hours, minutes) <u>82</u> IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (City and state or country) <u>TEASANT HOPE, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CARD COURSEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY OVERTURFF</u>		14. NAME OF HUSBAND OR WIFE <u>ALEX MACKEY</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>NO</u>		17. INFORMANT <u>Fred Mackey, Walnut Grove, Mo RR # 2</u> 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) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-sclerosis - generalized</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
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.) <u>331X</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 <u>4-6-59</u> to <u>4-15-59</u> and last saw her alive on <u>4-11-59</u> Death occurred at <u>11:48 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John W. ... M.D.</u>			22b. ADDRESS <u>...</u>		22c. DATE SIGNED <u>4/20/59</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-18-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Walnut Grove, Mo -</u>
24. FUNERAL DIRECTOR <u>Brim-Daniel</u>		ADDRESS <u>Walnut Grove, Mo. 4-22-59</u>		25. DATE RECD. BY LOCAL REG. <u>4-22-59</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>					

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 *Ray H Ireland*

Licensed Embalmer No. *5052*

P. O. Address *Helms Branch*

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.