

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032178

FILED VS. SEP 28 1959

Registration District No. 145 Primary Registration District No. 556 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kaolin Twsp.</u>		Length of stay in 1b <u>42 years</u>		c. CITY OR TOWN <u>Kaolin</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. W of Graniteville</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>8 mi. W of Graniteville</u>	
3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>EDWARD</u> Last <u>MACEY</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>19</u> Year <u>1959</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-5-1870</u>	
				9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____	
						IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Ray Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Macey</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Ann Houts</u>			14. NAME OF HUSBAND OR WIFE <u>Anna C. Macey</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>Sam J. Macey, Middlebrook Mo.</u>		
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>Thrombotic Clotting</u> DUE TO (b) <u>Hypertrophy of Prostate?</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>9-14-59</u> to <u>9-19-59</u> and last saw ^{her} him alive on <u>9-19-59</u> Death occurred at <u>2:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Lydia H. [Signature]</u> (Type or print)				22b. ADDRESS <u>Proctor Mo.</u>		22c. DATE SIGNED <u>9-21-59</u>	
23a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-22-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Park Ironton Mo.</u>		23d. LOCATION (City, town, or county) <u>Ironton Mo.</u>	
24. FUNERAL DIRECTOR <u>Paul [Signature]</u> <u>White Funeral Home, Ironton Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Sept 24 - 1959</u>		26. REGISTRAR'S SIGNATURE <u>Elizabeth Logan</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arcey White

Licensed Embalmer No. 3012

P. O. Address Clinton Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.