

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016114

STATE FILE NUMBER

FILED VS APR 22 1960 200

Registration District No. _____ Primary Registration District No. 3041 Registrar's No. 64

NDED

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		Length of stay in 1b <u>8 Days.</u>	c. CITY OR TOWN <u>Excelsior</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>No</u>			
3. NAME OF DECEASED (Type or print) First <u>Harold</u> Middle <u>Lee</u> Last <u>Mabry</u>			4. DATE OF DEATH Month <u>Apr.</u> Day <u>10</u> Year <u>1960</u>				
5. SEX <u>Male</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>11/23/1898</u>	9. AGE (last birthday) <u>61</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	11. BIRTHPLACE (City and state or country) <u>Randolph Cty., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Mabry</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Summers</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Mabry</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>491-24-6872</u>	17. INFORMANT Address <u>Edith Mabry, Excelsior, 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>Carcinoma Urinary Bladder</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe extension of malignancy</u>					<u>1 year</u>		
DUE TO (c) _____					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		
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 _____ a.m. _____ p.m.	Month _____ Day _____ Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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>1948</u> to <u>April 10, 1960</u> and last saw ^{him} alive on <u>9 April 60</u> Death occurred at <u>5:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Donald E Eggleston MD</u>			22b. ADDRESS <u>Macon, Missouri</u>		22c. DATE SIGNED <u>16 April 60</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/12/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest H. Gardens</u>		23d. LOCATION (City, town, or county) <u>Macon, Mo.</u>			
24. FUNERAL DIRECTOR <u>Lester Hutton</u>		ADDRESS <u>Macon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4/16/60</u>		26. REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS APR 26 1961

STATEMENT BY LICENSED EMBALMER

APR 28 1961

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon

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.