

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018254

FILED VS JUN 14 1960

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 3001 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vandalia</u>	Length of stay in 1b <u>2 yrs</u>	c. CITY OR TOWN <u>Vandalia</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>414 Elm Street</u>		d. STREET ADDRESS (If outside, give location) <u>414 Elm St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Travis</u> Middle <u>Olen</u> Last <u>Mabry</u>			4. DATE OF DEATH Month <u>June</u> Day <u>4</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>9-21-90</u>	9. AGE (last birthday) <u>69</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>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harbison, Walker</u>		11. BIRTHPLACE (City and state or county) <u>Montgomery Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Travis Mabry</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Clair</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie 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>498-05-7615</u>	17. INFORMANT <u>Minnie Mabry, Vandalia, Mo.</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
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>Anginal Pectoris.</u>	<u>1 yr.</u>	
DUE TO (c) <u>Severe Varicosis in Esophagus.</u>	<u>5 yrs.</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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	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 Jan. 5-1956 to 6-4-1960 and last saw her him alive on 6-4-60  
Death occurred at 5145 o m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. Dougherty, Jr.</u> (Degree or title)	22b. ADDRESS <u>Vandalia, Mo.</u>	22c. DATE SIGNED <u>6/6/60.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-6-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>
23d. LOCATION (City, town, or county) <u>Audrain Co. Missouri</u>		

24. FUNERAL DIRECTOR <u>William B Waters</u>	ADDRESS <u>Vandalia Mo</u>	25. DATE RECD. BY LOCAL REG. <u>June 6 1960</u>	26. REGISTRAR'S SIGNATURE <u>Malcolm Tague</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 Melissa Blatter

Licensed Embalmer No. 4169  
P. O. Address Vandalia, 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.