

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031228

FILED VS AUG 29 1960

Registration District No. 189 Primary Registration District No. 5674 Registrar's No. 110

STATE FILE NUMBER

9-20-60 if Charles Mabray
 9-20-60 if Minnie Price Mabray
 DOCUMENT
 13a Charles Mabray
 14 Minnie Price Mabray
 BY AFFIDAVIT OF funeral director

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Snow Hill Twp.		Length of stay in 1b 14 Yrs		c. CITY OR TOWN Troy		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Farm RFD #5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Edward Middle Ernest Last Mabray Everett Barnest Mabray				4. DATE OF DEATH Month August Day 13 Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/5/96		9. AGE (last birthday) 64 <small>Years Months Days Hours Min.</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cable Splicer			10b. KIND OF BUSINESS OR INDUSTRY Telephone Constr.		11. BIRTHPLACE (City and state or country) Barnston, Neb.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Charles Mabray			13b. MOTHER'S MAIDEN NAME Flora Hill			14. NAME OF HUSBAND OR WIFE Mabray Minnie Price Mabray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW1		16. SOCIAL SECURITY NO. 492-07-7350		17. INFORMANT Address Mrs Minnie Mabray, Rt 5 Troy, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS							INTERVAL BETWEEN ONSET AND DEATH SUDDEN		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ATHEROSCLEROSIS							UNKOWN		
DUE TO (c) _____									
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 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 1958 to 8/13/60 and last saw ^{xx} him live on 8/13/60 Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Paul Berry M.D. (Degree or title)				22b. ADDRESS Troy, Missouri				22c. DATE SIGNED 8/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/16/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery			23d. LOCATION (City, town, or county) (State) St Louis, Missouri.			
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 8-25-1960		26. REGISTRAR'S SIGNATURE Charlotte Leek			

SEP 20 1930

VS AUG 29 1930

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.