

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039467
STATE FILE NUMBER

FILED VS NOV 15 1960 316

Primary Registration District No. _____ Registrar's No. 431

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Frankclay</u>		Length of stay in 1b <u>24 yrs.</u>	c. CITY OR TOWN <u>Frankclay</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ode Clarence Mauberry</u>			4. DATE OF DEATH Month Day Year <u>Nov. 5, 1960</u>	
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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>3-25-1892</u>	9. AGE (last birthday) <u>68 yrs.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead Co.</u>	11. BIRTHPLACE (City and state or country) <u>Mine La Motte, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Mauberry</u>	13b. MOTHER'S MAIDEN NAME <u>Permelia Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Mauberry</u>
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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>493-03-8896</u>	17. INFORMANT <u>James Mauberry, Frankclay, Mo.</u>
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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
IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>		<u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Decompensated Acute Cor Pulmonale</u>	<u>Weeks</u>
	DUE TO (c) <u>Lobar Pneumonia</u>	<u>Weeks</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus - months</u>	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
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year <u>3:20 p.m.</u>	
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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 <u>Frankclay, Mo.</u>	COUNTY <u>St. Francois</u>	STATE <u>Mo.</u>
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21. I attended the deceased from Feb. 28, 1956 to Nov. 5, 1960 and last saw him alive on Nov. 11, 1960
Death occurred at 3:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Bismarck, Missouri</u>	22c. DATE SIGNED <u>11-7-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 8, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Leadwood, Missouri</u>
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24. FUNERAL DIRECTOR <u>Bert L. Boyer, Leadwood, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 7, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>
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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 Burt L. Bayer

Licensed Embalmer No. 3445

P. O. Address Leadwood

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