

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041225

FILED VS DEC 8 1960

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5749 Registrar's No. 17

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Caldwell</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Gomer Twp.</b>	a. STATE <b>Missouri</b>	COUNTY <b>Caldwell</b>
Length of stay in 1b <b>3 Yrs.</b>		c. CITY OR TOWN <b>Hamilton</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>3 Mi. East of Hamilton</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Birch</b>	Middle <b>Allison</b>	Last <b>Mackey</b>	4. DATE OF DEATH	Month <b>Nov.</b>	Day <b>23,</b>	Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-24-1902</b>	9. AGE (last birthday) <b>58</b>	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) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Caldwell Co., Mo.</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <b>Ben Mackey</b>	13b. MOTHER'S MAIDEN NAME <b>Ollie Upp</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Mackey</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-42-3950</b>	17. INFORMANT <b>Mrs. Helen Mackey</b>	Address <b>Hamilton, Mo</b>
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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 <b>1/2 hour</b>
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
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
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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 a.m. p.m.	Month, Day, Year
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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 <b>Hamilton</b>	COUNTY <b>MO</b>	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him <sup>born</sup> alive on **Nov. 23, 1960**  
Death occurred at **11:30a** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Herbert R. Borch MD</b>	22b. ADDRESS <b>Hamilton MO</b>	22c. DATE SIGNED <b>11/24/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-25-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New York Cemetery</b>	23d. LOCATION (City, town, or county) <b>Caldwell Co.</b>
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24. FUNERAL DIRECTOR <b>Morris A. Bram</b>	ADDRESS <b>Hamilton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-3-1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Ruth Ann Zuppert</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 27 1961

**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

*Marrisa B.*

Licensed Embalmer No. *3918*

P. O. Address *Hamilton*

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.