

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046969

FILED VS DEC 27 1960

64

Registration District No. 596

Primary Registration District No. 59

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Ozark</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u> c. CITY OR TOWN <u>Souder</u> d. STREET ADDRESS (If outside, give location) _____	
Length of stay in 1b <u>Life</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Arch</u> Middle _____ Last <u>Mackey</u>			4. DATE OF DEATH Month <u>December</u> Day <u>17</u> Year <u>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>2-8-89</u>	9. AGE (last birthday) <u>71</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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and state or country) <u>Rockbridge, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Monroe Mackey</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Perkins</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Parker</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>499-09-4305A</u>	17. INFORMANT Address <u>Mrs. Minnie Mackey, Souder, 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: IMMEDIATE CAUSE (a) <u>TOXEMIA</u> DUE TO (b) <u>CARCINOMA of Lung</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yr</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 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 _____	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 2-12-53 to 12-19-60 and last saw her/him alive on 12-19-60
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M. C. Bentley M.D.</u>	22b. ADDRESS <u>Ava Mo</u>	22c. DATE SIGNED <u>12-19-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-20-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Souder</u>	23d. LOCATION (City, town, or county) (State) <u>Souder, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Linkingbeard Funeral Home, Ava, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Thana Mahan</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 Lyle C. Chickering

Licensed Embalmer No. 4830

P. O. Address Avon, 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.

[Handwritten scribbles and markings at the bottom of the page]