

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

114 - 62-012168  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 305V Registrar's No. 305V

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10808  
20808

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		Length of stay in 1b <b>4 yrs.</b>	c. CITY OR TOWN <b>SEdalia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BOTHWELL HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1731 EAST 6th ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>ARTHUR</b> Last <b>MACKESTY</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>17</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-27-1874</b>
9. AGE (last birthday) <b>88</b>		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) <b>SECTION FARMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAIL ROAD</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>FRITZ MACKESTY</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>LAURA MACKESTY</b>	
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>NONE</b>	17. INFORMANT Address <b>HELEN CHRISTIAN 1731 EAST 6th ST SEDALIA, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pyelonephritis, Chronic &amp; acute</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>exacerbation</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). <b>Aspiration pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 day</b>
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 <b>Mar 16 62</b> to <b>Mar 17 62</b> and last saw <sup>her</sup> him <b>live</b> on <b>Mar 17, 1962</b> Death occurred at <b>10 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>David H. [Signature]</b> (Degree or title)		22b. ADDRESS <b>Sedalia Mo</b>	
22c. DATE SIGNED <b>3-19-1962</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-20-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COLE CAMP MEMORIAL</b>	23d. LOCATION (City, town, or county) (State) <b>COLE CAMP MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>CHARLES F. FOX COLE CAMP, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-19-1962</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>

MAR 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Rolo Camp, 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.