MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-018111

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 549

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 5117
2 5117
3
4 0
5 1
6
7 0
8 2
9 4200
10
11
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 43yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1117 Monterey — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph, — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1117 Monterey — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Glen Middle Ervin Last Mackley

4. DATE OF DEATH Month May Day 11, Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 3, 1897
9. AGE (last birthday) 64 — 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) Re. Laborer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) Trenton Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Claude Mackley
13b. MOTHER'S MAIDEN NAME Susie McCloud
14. NAME OF HUSBAND OR WIFE Margaret Mackley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unk
17. INFORMANT Margaret Mackley Address St. Joseph, 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) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — Unknown
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. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6/20/61, to 5/11/62 and last saw him alive on 5/11/62
Death occurred at 12:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D.E. Sklenar M.D.
22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.
22c. DATE SIGNED 5/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/14/62
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Mo (State)

24. FUNERAL DIRECTOR John E. Rupp ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. May 17, 1962
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

MEDICAL CERTIFICATION

D.E. Sklenar M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph 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.