

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030281
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 95

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0171

2 0170

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED SEP 4 1962

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton Length of stay in 1b 5 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brumbaugh Rest Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Carroll
c. CITY OR TOWN Norborne Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 300 E. 3rd Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Mary Isabelle Macoubrie Aug. 30, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-25-1872 9. AGE (last birthday) 89 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Republic Mo. Kansas, U S A 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Eli Vale 13b. MOTHER'S MAIDEN NAME Rebecca Starr 14. NAME OF HUSBAND OR WIFE George Macoubrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT J. I. Vale Address Norborne, 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) Infirmities of
DUE TO (b) Age
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 No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Jan 1, 1962 to Aug 30, 1962 and last saw her alive on Aug 30, 1962
Death occurred at 9-50 A.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) R. Hamilton Stator, M.D. 22b. ADDRESS Carrollton, Mo 22c. DATE SIGNED Aug 30 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-2-1962 23c. NAME OF CEMETERY OR CREMATORY Gilead Cemetery 23d. LOCATION (City, town, or county) Sugar Tree Mo.

24. FUNERAL DIRECTOR Gibson Funeral Home ADDRESS Norborne, Mo. 25. DATE RECD. BY LOCAL REG. 8-30-62 26. REGISTRAR'S SIGNATURE Wice Momm Kup

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

James F. Tibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.