

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046581
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1832

FILED DEC 18 1962

VS 300
Rev. 4/59

10397
20390

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Walnut Grove, Mo.	
Length of stay in 1b 6 days		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Drs' Memorial Hospital, Inc.		d. STREET ADDRESS 3 Mi. SE of W. G. Route 2	
3. NAME OF DECEASED (Type or print) First Alexander Middle Melton Last Mackey		4. DATE OF DEATH Month Dec. Day 10, Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1872
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Morrisville, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Sam Mackey	
13b. MOTHER'S MAIDEN NAME Jane Orr		14. NAME OF HUSBAND OR WIFE Ida M. Mackey	
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 SON		Address Mr. Fred Mackey - Rt. 2, Walnut Grove, 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) Congestive Circulatory failure			INTERVAL BETWEEN ONSET AND DEATH 18-24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensated Hypertensive heart disease			8 days
DUE TO (c) Arteriosclerosis			Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia due to nephrosclerosis			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 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 3:55 a.m. p.m. Month, Day, Year 12-10-62	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 Walnut Grove, Missouri
21. I attended the deceased from 12-4-62 to 12-10-62 and last saw her/him alive on 12-10-62 Death occurred at 12-10-62 3:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Seland E. Wetzel		22b. ADDRESS D.O. 700 E. Sunshine-Springfield, Mo.	
22c. DATE SIGNED 12-10-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-13-1962		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
23d. LOCATION (City, town, or county) (State) Walnut Grove, Missouri		24. FUNERAL DIRECTOR Brim-Daniel, Inc. Walnut Grove, Mo.	
25. DATE RECD. BY LOCAL REG. 12-14-62		26. REGISTRAR'S SIGNATURE Effie E. Melton	

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 _____

Wayne L. Daniel

Licensed Embalmer No. 4702

P. O. Address *Ph. Some*

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.