

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045118

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3041 Registrar's No. 762

FILED NOV 20 1963

VS 300
Rev. 4/59

10942
20942

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Length of stay in 1b 30 years	c. CITY OR TOWN Flat River
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 205 Buckley
3. NAME OF DECEASED (Type or print) First Frances Middle Mae Last Mackley		4. DATE OF DEATH Month November Day 9 Year 1963	
5. SEX Female	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 Aug. 13, 1887 - 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) Carter County, Md.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Marion Voyles		13b. MOTHER'S MAIDEN NAME Emiline Lewis	14. NAME OF HUSBAND OR WIFE Elmer Mackley (deo)
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. 500 50 1371	17. INFORMANT Walter E. Voyles, Flat River, 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) Coronary Occlusion DUE TO (b) Arterio-sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 to 2 days yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchitis asthma - for yrs			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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 5/8 - 1963 to 11/9 - 1963 and last saw her alive on 11/8 - 1963 Death occurred at 11:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.W. Zupan DO		22b. ADDRESS Flat River Mo	
22c. DATE SIGNED 11/11/63		22d. STATE Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/12/1963	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	23d. LOCATION (City, town, or county) Farmington, Missouri
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Desloge, Mo		25. DATE RECD. BY LOCAL REG. Nov. 11, 1963	
26. REGISTRAR'S SIGNATURE Gather Rudloff			

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STATEMENT BY LICENSED EMBALMER

5-22

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 B. T. Boye

Licensed Embalmer No. 366

P. O. Address Denroye MS

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.