

124

69-002776

CERTIFICATE OF DEATH

FILED JAN 29 1969

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 971

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. 1
10a. 85
10b. 4.0621
11. 0
12. 2
13. 410.9
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0945

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. Mabel R Mackley		FIRST MIDDLE LAST		SEX 2. Fe	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 22, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 85	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. May 31, 1883
CITY, TOWN, OR LOCATION OF DEATH 7a. Fredericktown		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Madison Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. widowed	
SOCIAL SECURITY NUMBER 12. 499-20-6371 A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired		KIND OF BUSINESS OR INDUSTRY 13b. Real Estate and Insurance	
RESIDENCE—STATE COUNTY 14a. Missouri St Francois		CITY, TOWN, OR LOCATION 14c. Farmington		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14b. yes	
FATHER—NAME FIRST MIDDLE LAST 15. Joseph Archabald Reyburn		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Mary A Green			
INFORMANT—NAME 17a. J.C. Flanery		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 408 Center St Farmington, Missouri 63640			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Acute Myocardial infarction			a few min
DUE TO, OR AS A CONSEQUENCE OF:		(b) Coronary arteriosclerosis			
DUE TO, OR AS A CONSEQUENCE OF:		(c) Senility			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19a. NO		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
1. Senee anemia - Cause unknown					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 1967	TO 21b. 1-22-69	AND LAST SAW HIM/HER ALIVE ON 21c. 1-22-69	DATE WHEN VIEWED THE BODY AFTER DEATH. 21d. Did not	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 12:30 P	
CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b.		THE DECEDENT WAS PRONOUNCED DEAD 22c.	
CERTIFIER—NAME (TYPE OR PRINT) 23a. R.A. Hudstep MD		SIGNATURE 23b. R.A. Hudstep MD		DEGREE OR TITLE 23c. MD	
DATE SIGNED (MONTH, DAY, YEAR) 23d. 1-23-69					
MAILING ADDRESS—CERTIFIER 23a. W. Liberty		STREET OR R.F.D. NO. 23b. Farmington Mo		CITY OR TOWN 23c. 63640	
STATE 23d. Missouri					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Masonic	LOCATION CITY OR TOWN STATE 24c. Arcadia, Missouri			
DATE (MONTH, DAY, YEAR) 24d. January 25, 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Miller Funeral Home Inc, 115 W. Columbia, Farmington, Missouri			
FUNERAL DIRECTOR—SIGNATURE 25a. Paul Dugal		REGISTRAR—SIGNATURE 25b. G. B. Seltman		DATE RECEIVED BY LOCAL REGISTRAR 25c. 1-25-69	
25d.		25e.		25f. 63640	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

MAR 24 1969

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 Buckley

Licensed Embalmer No. 4120

P. O. Address Farmington Me

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.