

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0038602

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 354

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0942

2 0942

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9 420.0

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12 90.0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 10 1966	
1. PLACE OF DEATH a. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Flat River	
Length of stay in lb 1 yr	
c. CITY OR TOWN Flat River	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209 Adams St	
d. STREET ADDRESS (If outside, give location) 209 Adams St	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
3. NAME OF DECEASED First James Middle Cornelius Last Mabery	
4. DATE OF DEATH Month Sept Day 27 Year 1966	
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 9-16-1879
9. AGE (last birthday) 87	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) Switch-board operator	10b. KIND OF BUSINESS OR INDUSTRY Lead Mines
11. BIRTHPLACE (City and state or country) state of Texas	12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Thomas Mabery	13b. MOTHER'S MAIDEN NAME Exalina Houser
14. NAME OF HUSBAND OR WIFE Mary Alice Mabery	
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. 490-03-1481	
17. INFORMANT Loya Mabery Address 214 Crane St. 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) Arteriosclerotic heart disease. DUE TO (b) Generalized arteriosclerosis. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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. <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 _____ s.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 October, 1959 to Sept. 27, 1966 and last saw him alive on Sept. 21, 1966 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>John M. Full</i>	
22b. ADDRESS Bonne Terre, Missouri	
22c. DATE SIGNED 9-29-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Sept 30, 1966	
23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery	
23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son Bonne Terre, Mo.	
25. DATE RECD. BY LOCAL REG. Sept. 29 1966	
26. REGISTRAR'S SIGNATURE <i>Ethel R. Radloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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:

Burli T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bone Tenny 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.