

FILED MAR 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5836

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Esther</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>6 dts</u>		e. STREET ADDRESS (If rural, give location) <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u> b. (Middle) <u>MACKLEY</u> c. (Last) <u>MACKLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 25, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETAIL Coal Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Fielding MACKLEY</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth MACKLEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Mackley Esther mo.</u> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pylorus -</u>		18yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1954, to Feb. 24, 1954, that I last saw the deceased alive on Feb. 24, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Geo. L. Winters M.D.</u>	23b. ADDRESS <u>Jamminton Mo.</u>	23c. DATE SIGNED <u>2-25-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCIS MEM. PARK</u>
24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, MO.</u>		

DATE REC'D BY LOCAL REG. <u>Feb. 25, 1954</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flet R w, mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *R. Caldwell*.....

Licensed Embalmer No. *253*.....

P. O. Address *Flat River,*.....

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.