

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9785

942

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 121

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, write RURAL and give township) OR TOWN Flat River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 Buckley		d. STREET ADDRESS (If rural, give location) 205 Buckley St.	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) S. c. (Last) Mackley			4. DATE OF DEATH (Month) (Day) (Year) March 26 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-19-1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Month Days 9 Mo. 7 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Industry	11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Solomon Mackley	13b. MOTHER'S MAIDEN NAME Lucinda Pinkston	14. NAME OF HUSBAND OR WIFE Francis Mackley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) World War I	16. SOCIAL SECURITY NO. 493-03-8847	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Mackley, Flat River, Mo.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 Mar 26, 1951, to Mar 26, 1951, that I last saw the deceased alive on Mar 26, 1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Appberry, M.D.	23b. ADDRESS Flat River Mo	23c. DATE SIGNED 3-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-29-51	24c. NAME OF CEMETERY OR CREMATORY Parkview
DATE REC'D BY LOCAL REG. Mar 31, 1951	REGISTRAR'S SIGNATURE Esther Rudloff	24d. LOCATION (City, town, or county) (State) St. Francois Co., Mo
25. FUNERAL DIRECTOR'S SIGNATURE C. E. Boyer		ADDRESS San Diego Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE No. 4

APR 3 1951

RECEIVED

SEP 22 1950
File No.

APR 17 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed B. T. Dayer

Signed.....
Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Alcalá, 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 this body is not embalmed, fact should be so stated above.