V.S. No. 300
Rev. 10-48

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

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24508

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 261

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FARMINGTON
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 202 N. JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FARMINGTON
d. STREET ADDRESS (If rural, give location): MISSOURI

3. NAME OF DECEASED (Type or Print): a. (First) LAURA b. (Middle) ALICE c. (Last) MACKLEY.

4. DATE OF DEATH: (Month) JULY (Day) 18, (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN. 25 1879

9. AGE (In years last birthday): 70 If under 1 year: Months 5 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MO. STE GENEVIEVE CTY

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: NATHANIEL SEBASTIAN

13b. MOTHER'S MAIDEN NAME: MARY BOYD.

14. NAME OF HUSBAND OR WIFE: JOHN MACKLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: JOHN MACKLEY FARMINGTON 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Left Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
No X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 14, 1949, *to* July 18, 1949, *that I last saw the deceased alive on* July 18, 1949, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Stanfield DO

23b. ADDRESS: Farmington Mo

23c. DATE SIGNED: 7/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JULY 20 1949

24c. NAME OF CEMETERY OR CREMATORY: PLEASANT HILL

24d. LOCATION (City, town, or county) (State): NEAR FARMINGTON MO

DATE REC'D BY LOCAL REG.: July 19, 1949

REGISTRAR'S SIGNATURE: Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Frozen City

(Licensed Embalmer's Statement on Reverse Side) Farmington, Mo

RECEIVED 7-25-49

District Health Officer No. 4

File Number 749-982

Filed

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 .....
Student Embalmer

Signed C A Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.