

THE DIVISION OF HEALTH, OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002641
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 23

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rivermires MO</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Estley MO</u> 6498 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>LIZZIE W.</u> Middle <u>MACKLEY</u> Last <u>MACKLEY</u> | | | 4. DATE OF DEATH Month <u>JAN</u> Day <u>19</u> Year <u>1959</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>OCT 13, 1873</u> | 9. AGE (In years, Months, Days, Hours, Min.) <u>85</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>MIKE LAMOTTE, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>NEWTON WATTS</u> | | 13b. MOTHER'S MAIDEN NAME <u>ANN LUNSFORD</u> | | 14. NAME OF HUSBAND OR WIFE <u>JASPER MACKLEY</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT <u>mae Ruth Rivermires, Mo.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> <u>Arterio sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) <u>332X</u> | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |

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|---|--|--|--------------------------------------|--------|------------------------------------|
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Rivermires MO</u> | | COUNTY | STATE |
| 21. I attended the deceased from <u>Jan 14 '59</u> to <u>Jan 19 '59</u> and last saw her alive on <u>Jan 14 '59</u> Death occurred at <u>3:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>C. H. Appberry MD</u> (Degree or title) | | | 22b. ADDRESS <u>Rivermires MO</u> | | 22c. DATE SIGNED <u>1-19-59</u> |

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|--|--|---------------------------------|--|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>JAN 24 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. FRAN. MCN. PARK</u> | | 23d. LOCATION (City, town, or county) (State) <u>BONNETTENE, MO.</u> |
| 24. FUNERAL DIRECTOR <u>Raymond Caldwell</u> ADDRESS <u>Flat Rivermires</u> | | | 25. DATE RECD. BY LOCAL REG. <u>Jan. 24, 1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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. *2531*

P. O. Address *Flat River, 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.