

FILED DEC 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39908

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6069		Registrar's No. 383			
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 Rural-Iron Township		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		0941			
d. FULL NAME OF HOSPITAL OR INSTITUTION New Iron Mountain Lake				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) MELBOURNE FLEMING MACKLEY			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Dec 2 1952		(Month)		(Day)		(Year)			
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 8 1910			
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 8 Days 24		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY owner liquor store		11. BIRTHPLACE (City and State or Foreign Country) Farmington Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George Mackley		13b. MOTHER'S MAIDEN NAME Sadie Griffin		14. NAME OF HUSBAND OR WIFE Sylvia Rickard Mackley					
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sylvia 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis; accidental drowning due to unprovoked accident while duck hunting DUE TO (b) Duck hunting DUE TO (c) accidental Drowning II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		E850X 194 38		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, ship, etc.) No Iron Mo. lake		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Iron Township, St. Francois, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 2, 1952 7:00 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR unprovoked accident in lake while duck hunting					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Bert Miller 3 coroner				23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 12/4/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) buriale		24b. DATE DEC. 6 1952		24c. NAME OF CEMETERY OR CREMATORY PARKVIEW		24d. LOCATION (City, town, or county) (State) FARMINGTON MO			
DATE REC'D BY LOCAL REG. Dec 5, 1952		REGISTRAR'S SIGNATURE Esther Kudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C H COZEAN FARMINGTON MO					

AUG 25 1955

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. H. Cozear

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.