No. 300
10.48

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14244

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3084 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA
c. LENGTH OF STAY (In this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN: CLARKSVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. ONE

0820

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELIZA
c. (Last): WAMSLEY

4. DATE OF DEATH (Month) (Day) (Year): APRIL 29, 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB 15, 1862
9. AGE (In years last birthday): 94 — If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ALEXANDER MACKEY
13b. MOTHER'S MAIDEN NAME: MALINDA BUTTS
14. NAME OF HUSBAND OR WIFE: NATHANIEL A. WAMSLEY

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: _____

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) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Cardio-
DUE TO (c) Vascular Renal Dis — 10 yrs

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: _____
44 2X
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* 6-24, 1955, *to* 4-29, 1956 *that I last saw the deceased alive on* 4-23, 1956 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas H Lewellen M.D.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 4-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 1, 1956
24c. NAME OF CEMETERY OR CREMATORY: GREENWOOD CEM.
24d. LOCATION (City, town, or county) (State): CLARKSVILLE, MO

DATE REC'D BY LOCAL REG.: April 30, 1956
REGISTRAR'S SIGNATURE: Bernice Collier
26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Geo. M. Collier Louisiana Mo
(Licensed Embalmer's Statement on Reverse Side)

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

786

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 383

P. O. Address Lousiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.