

CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

- 9. *2*
- 10a. *42*
- 10b.
- 11. *0*
- 12. *1*
- 13. *6829*
- 14.
- 15. *9*
- 16.
- 17.
- 18. *0*
- 19. CREDITS
- 20.

VS 300
Rev. 1/68

Registration District No. *149* Primary Registration District No. *102* Registrar's No. *6513*

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **William Mabery** 2. **male** 3. **November 29, 1969**

4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **negro** AGE—LAST BIRTHDAY (YEARS) MONTHS DAYS UNDER 1 YEAR HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. **42** 5b. **42** 5c. **42** 6. **June 6, 1927** 7a. **Jackson**

5. CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. **Kansas City, Mo.** 7c. **yes** 7d. **Kansas City General Hospital**

8. **Missouri** 9. **United States** 10. **married** 11. **/Bessie**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

12. **Unknown** 13a. **CUSTODIAN** 13b. **APARTMENT BLDG.**

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. **Missouri** 14b. **Jackson** 14c. **Kansas City** 14d. **yes** 14e. **1018 Highland**

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **George Mabery** 16. **Viola Kidd**

17. INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **BESSIE MABERY** 17b. **1018 Highland K.C. Mo.**

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) **septicemia**

DUE TO, OR AS A CONSEQUENCE OF:

(b) **multiple abscesses**

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O) ALTOPSY (YES OF NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

Post Renal Transplant 19b. **no** 19c. **no**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. **no** 20b. **no** 20c. **no** 20d. **no**

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e. **no** 20f. **no** 20g. **no**

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. **no** 21b. **Nov. 29, 1969** 21c. **11 29 1969** 21d. **not** 21e. **1:10p**

CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. **1:10 p.m.** 22b. **Nov. 29 1969** 22c. **1:10 p.m.**

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. **G.N. Gardner** 23b. **G.N. Gardner M.D.** 23c. **Nov., 29, 1969**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23d.

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. **BURIAL** 24b. **FAIRVIEW CEM.** 24c. **LIBERTY MISSOURI**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. **DEC. 2, 1969** 24e. **CHURCH-ARCHER CO. 111 N. WATER LIBERTY, MO. 64068**

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a. **Harold S. Smith** 25b. **Arthur Jay** 25c. **12-2-69**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9977

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.