

FILED NOV 18 1949

STANDARD CERTIFICATE OF DEATH

37744

State File No.

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

BIRTH NO. 194 REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3031 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>604 Cedar Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 Cedar Street 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>Mary</u> c. (Last) <u>Mc Mahon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 14, 1871</u>		9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>5</u> DAYS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife - At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>De Soto, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Dennis HAGERTY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY O'NEAL</u>		14. NAME OF HUSBAND OR WIFE <u>John Mc Mahon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Mc Mahon</u> ADDRESS <u>De Soto, Missouri</u>	

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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertention</u>		3	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-1-1949 to 11-3-1949, that I last saw the deceased alive on 11-2-1949, and that death occurred at 8:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Gullet M.D.</u>		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>11-4-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>		24e. REGISTRAR'S SIGNATURE <u>Marie Harris</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>Small Patrick</u> ADDRESS <u>De Soto Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/8/49</u>					

DATE RECEIVED 11-17-49
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO MISSOURI

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 _____

Percy F. Milster

Student Embalmer No. 346

working under my personal supervision.

Percy F. Milster
Student Embalmer

Student

Signed

Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Deerata 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.