

FILED MAY 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13789

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

3644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Harrison</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Harrison</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>230 Magnolia</u>	
3. NAME OF DECEASED (Type or Print): a. (First) <u>Dennis</u> b. (Middle) <u>Michael</u> c. (Last) <u>Mahoney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19, 1895</u>
9. AGE (In years last birthday) <u>54</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	if UNDER 24 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Harrison MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles Mahoney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sullivan</u>	14. NAME OF HUSBAND OR WIFE <u>Gelvie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>490-18-7421</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Malcolm Mahoney 230 Magnolia Harrison MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>			
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 <u>1 May, 1950</u> , to <u>2 May, 1950</u> that I last saw the deceased alive on <u>May 2, 1950</u> , and that death occurred at <u>3:42 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Keller M.D.</u> (Degree or title)		23b. ADDRESS <u>Harrison MO</u>	23c. DATE SIGNED <u>May 5, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison Marion MO</u>
DATE REC'D BY LOCAL REG. <u>5-6-50</u>	REGISTRAR'S SIGNATURE <u>W. E. M. Duckert</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Harrison MO</u>	

RECEIVED MAY 10 1950  
MANION CO., HEALTH DEPT.  
DATE FILED MAY 13 1950

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address. Hannibal 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.