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Dr. Wakeman.
FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26607

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 711-A

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Urbana, Mo. 0300
d. STREET ADDRESS (If rural, give location) R.R. # 2

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Gabriella c. (Last) Mahoney
4. DATE OF DEATH (Month) Aug. (Day) 8 (Year) 1950
5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 19-1881
9. AGE (In years last birthday) 68 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 (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Owen Phelan
13b. MOTHER'S MAIDEN NAME Mary Doyle
14. NAME OF HUSBAND OR WIFE Charles E.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Charles E. Mahoney ADDRESS Urbana, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyelonephritis Chronic.
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 6000

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 4 Aug, 1950, to 8 Aug, 1950, that I last saw the deceased alive on 8 Aug, 1950, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Newton Wakeman (Degree or title) M.D.
23b. ADDRESS Springfield Mo.
23c. DATE SIGNED 15 Aug 50.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 11, 1950
24c. NAME OF CEMETERY OR CREMATORY St MARYS
24d. LOCATION (City, town, or county) (State) HANNIBAL, MISSOURI
DATE REC'D BY LOCAL REG. 8-16-50
REGISTRAR'S SIGNATURE W E Handley M D
25. FUNERAL DIRECTOR'S SIGNATURE Vaughan - Reser ADDRESS Urbana, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 John F Reier

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.