

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4405

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 11

0320

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Albany	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Albany	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) M c. (Last) Mahoney	4. DATE OF DEATH (Month) (Day) (Year) Feb. 1 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21 1871	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 79 1 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gentry Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME W.T. Siddens	13b. MOTHER'S MAIDEN NAME Julia Ann Parman	14. NAME OF HUSBAND OR WIFE Robert E. Mahoney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. E. Mahoney Albany, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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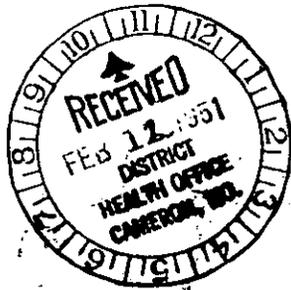
22. I hereby certify that I attended the deceased from ~~2-1-51~~ ²⁻⁴ 1951, to **2-1-** 1951, that I last saw the deceased alive on **2-1-** 1951, and that death occurred at **8:50 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Fran K. A. Rose, M.D.	(Degree or title)	23b. ADDRESS Albany, Mo.	23c. DATE SIGNED 2-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/4/51	24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	24d. LOCATION (City, town, or county) (State) Albany, Missouri
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DATE REC'D BY LOCAL REG. Feb 6-1951	REGISTRAR'S SIGNATURE Edith Childs	430	25. FUNERAL DIRECTOR'S SIGNATURE Clifford Brooks	ADDRESS Albany Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



MAR 30 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.