

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12151

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 3220 Registrar's No. 67

362
38

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> OR <u>St. Clair, Mo.</u> TOWN <u>Ten Yrs.</u>		c. LENGTH OF STAY (in this place) <u>Ten Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Addella</u> b. (Middle) <u>K.</u> c. (Last) <u>Mahoney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 5th, 1882</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 24 HRS. <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>work at home</u>		11. BIRTHPLACE (State or foreign country) <u>Marland Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Knipfel</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Kaiser</u>	14. NAME OF HUSBAND OR WIFE <u>James Mahoney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Mahoney</u>	ADDRESS <u>St. Clair, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MALIGNANT HYPERTENSION</u>		
	DUE TO (c) <u>GENERALIZED ARTERIO-SCLEROSIS</u>		
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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 4-17, 1951, to 4-23, 1951, that I last saw the deceased alive on 4-22, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Pearl, M.D.</u>	23b. ADDRESS <u>ST. CLAIR, MO.</u>	23c. DATE SIGNED <u>4-23-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 24, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	99	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>St. Clair, Mo.</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 30 1951

RECEIVED

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RECEIVED
JUL 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Sherwood W. Mitchell

Licensed Embalmer No. 3873

P. O. Address H. Clair, 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.