

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23882**

BIRTH NO. _____		REG. DIST. NO. <b>251</b>		PRIMARY REG. DIST. NO. <b>3048</b>		Registrar's No. <b>158</b>	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		<b>0742</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>816 S. Mulberry</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>C.</b>		c. (Last) <b>Maheer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-28-51</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>3-24-1875</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Barnard-Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Michael Maheer</b>		13b. MOTHER'S MARDEN NAME <b>Mary Egan</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Maheer-Maryville-Mo.</b>			
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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Partial Coronary Occlusion</b> DUE TO (c) <b>Chronic Myocarditis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>  <b>5 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OR INJURY		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 <b>June 23, 1951</b> , to <b>June 28, 1951</b> , that I last saw the deceased alive on <b>June 27, 1951</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W.R. Jackson, M.D.</b>				23b. ADDRESS <b>Maryville, Mo.</b>		23c. DATE SIGNED <b>6-29-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-30-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Columba Cem - Conception</b>		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-7-51</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edw. Johnson</b>		ADDRESS <b>Maryville</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48742  
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MAR 28 1951

MAR 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *G. M. Johnson*

Licensed Embalmer No. *3379*

P. O. Address *Parisville, 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.