

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23973

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 352 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (If in this place) <u>2 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		0804
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>416 W. Broadway</u>		
3. NAME OF DECEASED a. (First) <u>Mary Elizabeth</u> b. (Middle) _____ c. (Last) <u>Mulcahy</u>			4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 18, 1870</u>	9. AGE (In years, last birthday) <u>81</u>	10. MONTHS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Pettis Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jeremiah Mulcahy</u>		13b. MOTHER'S MAIDEN NAME <u>Nora M. Muliffe</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence T. Mulcahy - 416 W. Broadway</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (Pontine).</u>				<u>2 hrs 15 Min.</u>
	ANTECEDENT CAUSES				?
	DUE TO (b) <u>Cardio-Vascular Disease.</u>				?
	DUE TO (c) <u>Uremia.</u>				?
	II. OTHER SIGNIFICANT CONDITIONS				?
	<u>Diabetes.</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None/Medical treatment only.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Over please.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>	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>July 21st, 1951, to July 21st, 1951,</u> that I last saw the deceased alive on <u>July 21st, 1951,</u> and that death occurred at <u>6:55 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>			23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>7-23-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-24-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Laughlin Bros. 519 So. Ohio</u>			

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

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This patient fell on the street while on her way home. She apparently had a convulsion. She had not been under a physician's care. Apparently she did not know that she had Diabetes. Blood sugar and N.P.N. made the other diagnoses.

Jno. B. Carlisle M.D.
Jno. B. Carlisle, M.D.

Sedalia, Missouri,

July 23rd, 1951.

RECEIVED 7-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-31-51

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 _____

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.