

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1649

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL JACKSON COUNTY BROOKINGS	c. LENGTH OF STAY (In this place) 3 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) RURAL KANSAS CITY - BROOKINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5139 RINKER ROAD		d. STREET ADDRESS (If rural, give location) 5139 RINKER ROAD 0480	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) ARCHIBALD	c. (Last) MAHAFFEY	4. DATE OF DEATH (Month) (Day) (Year) JAN. 31. 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH MARCH-10-1918	9. AGE (In years last birthday) 33	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE CLERICAL WORK	10b. KIND OF BUSINESS OR INDUSTRY AERO-CHEMICAL	11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J. ALLEN MAHAFFEY	13b. MOTHER'S MAIDEN NAME EMMA ELLIS	14. NAME OF HUSBAND OR WIFE MRS. BETTY SMITH
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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. 490-16-9734	17. INFORMANT'S SIGNATURE OR NAME J. ALLEN MAHAFFEY	ADDRESS 5139 RINKER ROAD R.P. 3 E. MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes m.			2 1/2 yrs.
	DUE TO (c) Kimmel Stiel Wilson Synd.			3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C/P disease.			3 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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? 260X
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22. I hereby certify that I attended the deceased from **26 Oct**, 1951, to **Jan 31**, 1952, that I last saw the deceased alive on **Jan 31**, 1952, and that death occurred at **12:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harry L. Beigg, M.D.	(Degree or title)	23b. ADDRESS Raytown, Mo.	23c. DATE SIGNED 2-1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 2-1952	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. Feb 2-1952	REGISTRAR'S SIGNATURE R. M. O'Connell	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcombs	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0480

EEB 4 REC'D

2:30.5: 7:30-10

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.

Student Embalmer No.

Signed Albert S. Savage

Signed.....
Student Embalmer

Licensed Embalmer No. 4812

P. O. Address Kansas City, 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.