

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4371

State File No. ....

MAR 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5291 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Liberty</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u> <u>0240</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>RR 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) \_\_\_\_\_ c. (Last) Mahaney 4. DATE OF DEATH (Month) (Day) (Year) March 4, 1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH April (?) 1866 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper 10b. KIND OF BUSINESS OR INDUSTRY Emery Bird 11. BIRTHPLACE (State or foreign country) Jackson County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick Mahaney 13b. MOTHER'S MAIDEN NAME Margaret McCarty 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Hallesy Liberty, Missouri

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) <u>Intestinal obstruction, Cause not known</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	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: \_\_\_\_\_ 5705 20. AUTOPSY? YES  NO

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 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? _____

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1947, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on March 4, 1952, and that death occurred at 6:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. Hallesy M.D. 23b. ADDRESS Liberty, Mo. 23c. DATE SIGNED 3/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 3-6-52 24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery 24d. LOCATION (City, town, or county) (State) Independence, Missouri

DATE REC'D BY LOCAL REG. March 6, 1952 REGISTRAR'S SIGNATURE Wm. Hallesy 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lytle-Park Funeral Home Liberty, Mo.

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

0240

**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 Charles F. Tyle

Licensed Embalmer No. 4524

P. O. Address Liberty MD

**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.