S. No. 300
10-48

FILED OCT 29 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

37275

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2644

4000

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St Louis Co Bellefountain Nursing Home | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Cape Girardeau |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellefountain Neighbors Dom c. LENGTH OF STAY (in this place) 1 1/2 2 mo | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau 6164 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 10442 Bellefontaine Rd. | d. STREET ADDRESS (If rural, give location) 1021 N. Sprigg |

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|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Anna | b. (Middle) | c. (Last) Mahy | 4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 52 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH May 18, 1859 | 9. AGE (In years last birthday) 93 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Richard Mahy | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Son Roy Mahy, Cape Girardeau, Mo. | ADDRESS | |

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 Coronary thrombosis
2 Carcinoma left ear
3 Mitral Bronchitis
4 Infirmities of old age

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

4201

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|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR? |

22. *I hereby certify that I attended the deceased from* Aug. 28, 1952, *to* Nov, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:30p *m., from the causes and on the date stated above.*

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|---|---|---|---|
| 23a. SIGNATURE (Degree or title) Wm A Knight MD | 23b. ADDRESS 8201 N Broadway St Louis 15 | 23c. DATE SIGNED 10-12-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-13-52 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo. |
| DATE REC'D BY LOCAL REG. 10-13-52 | REGISTRAR'S SIGNATURE Herbert R. Domke MD | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. | ADDRESS |

52V (Licensed Embalmer's Statement on Reverse Side)

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

## 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 John L. Dennehy

Licensed Embalmer No. 9,994

P. O. Address.....

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.