

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24078

FILED AUG 4 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 262

1. PLACE OF DEATH  
a. COUNTY Calloway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE mo b. COUNTY Mason

b. CITY OR TOWN Fulton c. LENGTH OF STAY (in this place) 10 m. 1 day

c. CITY OR TOWN Hannibal d. Is residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No 1

e. STREET ADDRESS (If rural, give location) 119 S 10th St 0644 1

3. NAME OF DECEASED (Type or Print)  
a. (First) FRANK b. (Middle) MATTHEW c. (Last) MATTHEW

4. DATE OF DEATH (Month) (Day) (Year)  
July 29 53

5. SEX mo

6. COLOR OR RACE wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) OK

8. DATE OF BIRTH March 3-1901

9. AGE (in years) (Months) (Days) 52 4 26

10. YEAR IF UNDER 18 HRS. 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker

10b. KIND OF BUSINESS OR INDUSTRY Bank

11. BIRTHPLACE (City and State or Foreign Country) Hannibal mo

12. CITIZEN OF WHAT COUNTRY? amer

13a. FATHER'S NAME John Mahoney

13b. MOTHER'S MAIDEN NAME Emma

14. NAME OF HUSBAND OR WIFE Rose E

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) OK

16. SOCIAL SECURITY NO. OK

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hosp 1 Fulton

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Heart Disease

ANTECEDENT CAUSES  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1952, to 7-29, 1953, that I last saw the deceased alive on 7-29, 1953, and that death occurred at 7:44 p.m., from the causes and on the date stated above.

23a. SIGNATURE G.S. Warsh M.D. (Degree or title)

23b. ADDRESS Fulton Mo

23c. DATE SIGNED 7/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7-31-53

24c. NAME OF CEMETERY OR CREMATORY St. Marys

24d. LOCATION (City, town, or county) (State) Hannibal mo

DATE REC'D BY LOCAL REG. July 31-1953

REGISTRAR'S SIGNATURE Maretha Lawrence

FUNERAL DIRECTOR'S SIGNATURE Margaret F. H.

ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1958

FEB 19 1958

AUG 7 1958

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.....  
Signature of Student Embalmer

Signed *J. V. Passon*  
Licensed Embalmer No. *2555*  
P. O. Address *Fuller*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.