

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kelleville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>114-N. Wall St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>Edward</u> c. (Last) <u>Mahoney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 20 1876</u>	9. AGE (In years) (If UNDER 1 YEAR last birthday) (Months) (Days) <u>78 4 26</u>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>Paper Printer</u>	<u>Same</u>	<u>Missouri Montg Co.</u>	<u>U.S.A.</u>

13a. FATHER'S NAME <u>Matthew Mahoney</u>	13b. MOTHER'S MAIDEN NAME <u>Mary O. Mahoney</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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) <u>No</u>	16. SOCIAL SECURITY # <u>713-01-7131</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul J. Mahoney</u>	ADDRESS <u>114 N. Wall St</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4201</u>

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 6/16, 1954, to 6/16, 1954, that I last saw the deceased alive on 6/16, 1954, and that death occurred at 7:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Walla - Jr</u>	23b. ADDRESS <u>Kelleville Mo</u>	23c. DATE SIGNED <u>6/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Hedwig's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kelleville Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-18-54</u>	REGISTRAR'S SIGNATURE <u>W.S. Romans Jr.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B.B. Kelly</u>	ADDRESS <u>Kelleville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 14 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 _____
Student Embalmer

Signed: *K B Wells*

Licensed Embalmer No. *17088*

P. O. Address *Hellville 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.