

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **30386**

FILED SEP 27 1954

BIRTH NO. 60492-54		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3022		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (In this place) 0		c. CITY OR TOWN Clinton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital				e. STREET ADDRESS (If rural, give location) Wetzel Hospital 423			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) EDWARD		c. (Last) MAHALLY		4. DATE OF DEATH (Month) (Day) (Year) Sept 22 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never		8. DATE OF BIRTH Sept. 21, 1954	
9. AGE (In years last birthday) -		IF UNDER 1 YEAR Months - Days -		IF UNDER 1 YRS. Hours - Min. -		11. BIRTHPLACE (City and State of Foreign Country) Clinton Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY none		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Frank H Mahally				13b. MOTHER'S MAIDEN NAME Elsie Mae Johnson		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Frank H Mahally Clinton Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydro Cephalic DUE TO (c) Spina. bifida 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"/>		751 X	
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) (Min.)		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 9-21 , 1954, to 9-22 , 1954, that I last saw the deceased alive on 9-21 , 1954, and that death occurred at 1 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE F. J. Powell (Degree or title)				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 9/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/23/54		24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton Mo.	
DATE REC'D BY LOCAL REG. Sept. 23-54		REGISTRAR'S SIGNATURE Florence A. Adair		25. FUNERAL DIRECTOR'S SIGNATURE WILKINSON FUNERAL HOME		ADDRESS Clinton	

(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 _____
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 45

P. O. Address Clinton

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.