

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12040

State File No. _____

1782

No. 300
10.48

FILED MAY 16 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY: <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>JACKSON</u>	
b. CITY OR TOWN: <u>KANSAS CITY</u>		c. CITY OR TOWN: <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place): <u>LIFE</u>		5. STREET ADDRESS (If rural, give location): <u>800 E. 40TH. STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>800 E. 40TH. STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First): <u>MARY</u> b. (Middle): <u>E.</u> c. (Last): <u>MAHONEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20 1955</u>
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5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>WIDOWED</u>	8. DATE OF BIRTH: <u>JUNE 8, 1880</u>	9. AGE (In years last birthday): <u>74</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country): <u>KANSAS CITY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A.</u>
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13a. FATHER'S NAME: <u>AUGUST E. SCHENKER</u>	13b. MOTHER'S MAIDEN NAME: <u>MARGARET GAYMON</u>	14. NAME OF HUSBAND OR WIFE: <u>JOHN MAHONEY</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 NO.: <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME: <u>TERESA MAHONEY</u>	ADDRESS: <u>800 E. 40th St. K.C. Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH: <u>1 wk.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>	ANTECEDENT CAUSES		2601
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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) <u>Diabetes mellitus</u>	
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"/>
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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): <u>Kansas City Jackson Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.): _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 April 18, 1955, to April 20, 1955, that I last saw the deceased alive on April 19, 1955, and that death occurred at 5:20P.m., from the causes and on the date stated above.

23a. SIGNATURE: <u>K. L. Shireman</u> (Degree or title): <u>MD.</u>	23b. ADDRESS: <u>4126 St. John Ave. K.C. Mo.</u>	23c. DATE SIGNED: <u>4-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>	24b. DATE: <u>APRIL 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State): <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG.: <u>4-22-55</u>	REGISTRAR'S SIGNATURE: <u>Neva Minchall</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>W. Neumann</u>	ADDRESS: <u>1331 Grand Ave. K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3017 026

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 *Edward M. Stone*.....

Licensed Embalmer No. *442*.....

P. O. Address *A. C. 10*.....

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.