

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16080

State File No. 11

BIRTH NO. REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Montgomery City		c. CITY OR TOWN Montgomery City	
c. LENGTH OF STAY (In this place)		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		e. STREET ADDRESS (If rural, give location) 0700	

3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) Cleveland c. (Last) Mahaney			4. DATE OF DEATH (Month) (Day) (Year) May 21, 1955		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 1, 1882		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Callaway County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Steve Mahaney		13b. MOTHER'S MAIDEN NAME Julia Roberts	
14. NAME OF HUSBAND OR WIFE Lucille Mahaney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lucille Mahaney		ADDRESS Montgomery City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia DUE TO (c) Arterio-sclerotic degeneration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 1 1/2 hrs 4 1/2 hrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montgomery City, Montgomery, Mo	
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 **4-8**, 19**55**, to **May 21**, 19**55**, that I last saw the deceased alive on **May 21**, 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James O. Helm MD		23b. ADDRESS New Florence Mo.		23c. DATE SIGNED 5-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery	
24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.		24e. LOCATION (City, town, or county) (State)			

DATE RECD BY LOCAL REG. 5/27/1955		REGISTRAR'S SIGNATURE Laura B. Colver		500- Schlanbus Tunnel Home	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			

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.....
E. Boon Schantz

Licensed Embalmer No. *41*

P. O. Address *Montgomery*

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.