

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57022096
State File No.

FILED JUL 8 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sadalia</u>		c. CITY OR TOWN <u>Sadalia</u>	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 <u>1720 So. Park</u>		STREET ADDRESS (If rural, give location) <u>1720 So. Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Mahoney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>Sept 21 1893</u>		9. AGE (In years Last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sadalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sealer</u>	

13a. FATHER'S NAME <u>Eugene Mahoney</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>722-07-1042</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs H. G. Berry</u> ADDRESS <u>Sadalia</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Thrombosis</u> DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) <u>X</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>2439</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201.</u>					

19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>MV</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		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 June 25, 1957 to June 28, 1957, that I last saw the deceased alive June 25, 1957, and that death occurred 4:20 p. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. B. Kewenusek</u>		23b. ADDRESS <u>Sadalia Mo</u>		23c. DATE SIGNED <u>7/1/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>Sadalia Mo</u>					

DATE REC'D BY LOCAL REG. <u>7-1-57</u>		REGISTRAR'S SIGNATURE <u>Bruce Shelby</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bros</u> ADDRESS <u>Sadalia</u>	
--	--	---	--	--	--

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

JUL 1 2 1957

JUL 1 5 1957

FEB 19 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 *Roger L. Fuller*.....

Licensed Embalmer No. 4818

P. O. Address *Indianapolis*.....

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.