

FILED NOV 18 1957

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 435

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 327 Magnolia			Length of stay in lb		d. STREET ADDRESS 327 Magnolia		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle William Last Mahoney				4. DATE OF DEATH 11/3/57 Month 11 Day 3 Year 57					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9/11/1890		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 6 Days 7 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Manager			10b. KIND OF BUSINESS OR INDUSTRY Bowles Clothiers		11. BIRTHPLACE (City and state or country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13a. FATHER'S NAME Charles Mahoney			13b. MOTHER'S MAIDEN NAME Mary Sullivan			14. NAME OF HUSBAND OR WIFE Florence Mahoney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Mary Boutwell, 327 Magnolia				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction							INTERVAL BETWEEN ONSET AND DEATH 10 minutes		
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) Hypertension							2 yrs		
DUE TO (c) Diabetes mellitus							2 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour 5:15 Month, Day, Year a.m. A.M. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal, Mo.		COUNTY Marion		STATE Missouri	
21. I attended the deceased from Jan 23, 1955 to Nov. 3, 1957 and last saw <input checked="" type="checkbox"/> alive on Nov. 3, 1957 Death occurred at 5:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>John Canella M.D.</i> (Degree by title) M. D.				22b. ADDRESS 707 Bdwy Hannibal, Mo.			22c. DATE SIGNED 11-11-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/5/57	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) Hannibal, Mo.		(State)		
24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 11-12-1957		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Duckley & C. Fisher</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public Service300
-57Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diagnoses in Part I must be causally related.USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

RECEIVED NOV 15 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 15 1957

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 *H M O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.