

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006632
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5890 Registrar's No. 7

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Osage</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Sterling Stirling ^{Garrison} Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>LINN MO</u> <u>Mt. Sterling</u> <u>0760</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) <u>LINN MO</u> <u>R. D.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Leslie Francis Mahony</u> | | | 4. DATE OF DEATH Month Day Year <u>Feb. 18-1958</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 29-1896</u> |
| 9. AGE (In years last birthday) <u>61</u> | | 10. USUAL OCCUPATION (Give kind of work done during last year of life, even if retired) <u>PaVi Service</u> | 11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during last year of life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>self-employed</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Benj. Mahony</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lillie B Merrill</u> | 14. NAME OF HUSBAND OR WIFE <u>never married</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Mrs Inez Petill Mt Sterling Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial Sclerotic Hk Disease</u> <u>Ass' C Chronic Bronchitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tuberculosis of the lungs</u> | | | 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 | COUNTY STATE |
| 21. I attended the deceased from <u>1950</u> to <u>1958</u> and last saw him alive on <u>2-17-58</u> Death occurred at <u>7:30am</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Charles Schmitt MD</u> (Degree or title) | | 22b. ADDRESS <u>Herald</u> | 22c. DATE SIGNED <u>2-21-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2/21/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Washington Mo</u> (State) |
| 24. FUNERAL DIRECTOR <u>Clyde Morton</u> ADDRESS <u>Linn Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>FEB 22-1958</u> | 26. REGISTRAR'S SIGNATURE <u>T. A. Schmitt</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Vernon M. Moxton*

Licensed Embalmer No. *4125*

P. O. Address *Linn 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.