

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037090

STATE FILE NUMBER

DECEASED OCT 23 1958 Registration District No. 700 Primary Registration District No. 5736 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN LYDA TOWNSHIP Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN ATLANTA Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION		Length of stay in lb	
		6610 STREET ADDRESS (If outside, give location) 0	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First AUBREY Middle L. Last MAHAFFEY			4. DATE OF DEATH Month 10 Day 6 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 7 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) URBANA, MO 0	
13. FATHER'S NAME JEFFERSON MAHAFFEY			14. MOTHER'S MAIDEN NAME MAY Williams		
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. 498-40-1462		17. INFORMANT Mrs Edwin Rhoades - ATLANTA	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull with		INTERVAL BETWEEN ONSET AND DEATH LAST
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Multiple Concussion of Brain	
	DUE TO (c) Train Car Accident	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Car pulled in front of Train
20c. TIME OF INJURY Hour 3:30 Month Oct Day 6 Year 1958 p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) R.R. Crossing, Lyda	20f. CITY, TOWN, OR LOCATION Atlanta Township Macon Mo.	STATE MO.
21. I attended the deceased from 3:30 and last saw him alive on 3:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Lester Hutton, Coroner	22b. ADDRESS Macon Mo.	22c. DATE SIGNED Oct. 8/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-8-1958	23c. NAME OF CEMETERY OR CREMATORY Shiloh
23d. LOCATION (City, town, or county) (State) ATLANTA - MO		

24. FUNERAL DIRECTOR Theo H. Goodding - Atlanta Mo	25. DATE RECD. BY LOCAL REG. 10/13/58	26. REGISTRAR'S SIGNATURE Irith McNeely
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(Licensed Embalmer's Statement on Reverse Side)

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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Date Filed 10/21/58

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... *Theo H Goodding*

Licensed Embalmer No. *39*

P. O. Address *Atlanta*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.