Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000684

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jefferson City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City 0264 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 207 Olive Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First / Middle / Last: MRS. BERTHA ELIZABETH MAHON

4. DATE OF DEATH Month, Day, Year: January 8, 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Sept. 7, 1894

9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 4, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (City and state or country): Osage Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Christ Fisher

13b. MOTHER'S MAIDEN NAME: Betty Laughlin

14. NAME OF HUSBAND OR WIFE: Sullivan G. Mahon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Sullivan G. Mahon — Address: 207 Olive St. J.C., Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Embolism	sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	congestive Heart failure	2 yrs
DUE TO (c)	Rheumatic Heart disease	50 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 416 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 5/12/49 to 1/8/59 and last saw her alive on 1/7/59
Death occurred at 2:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS: Jefferson City Mo

22c. DATE SIGNED: 1/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 10, 1959

23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR [signature] **ADDRESS:** JC Mo

25. DATE RECD. BY LOCAL REG.: 10 Jan 1959

26. REGISTRAR'S SIGNATURE: R. P. Harris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1959

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 ..... Signed Victor Buesche

Signature of Student Embalmer

Licensed Embalmer No. 3701

P. O. Address JCM

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.