THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002212
STATE FILE NUMBER

Registration District No. 230 Primary Registration District No. 5810 Registrar's No. 1

FILED JAN 14 1959

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Near Big Springs Mo — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in 1b Part time

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Montgomery City Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Elizabeth Middle Last Mahanes

4. DATE OF DEATH Month January Day 2 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH Unknown 1896
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mineola Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George Mahanes
13b. MOTHER'S MAIDEN NAME Anna Painter
14. NAME OF HUSBAND OR WIFE divorsed

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. no
17. INFORMANT Address Paul Mahanes Fulton Mo

MEDICAL CERTIFICATION

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 Embolism — INTERVAL BETWEEN ONSET AND DEATH 10 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertension, Generalized Arteriosclerosis 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 May 5, 1955, to Jan. 2, 1959 and last saw her/him alive on Dec. 15, 1958
Death occurred at 10:00 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. H. Thompson DO
22b. ADDRESS New Florence Mo
22c. DATE SIGNED Jan 5-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 4-1959
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Montgomery City
23d. LOCATION (City, town, or county) (State) Montgomery City Mo

24. FUNERAL DIRECTOR ADDRESS [signature]
25. DATE RECD. BY LOCAL REG. Jan. 12-1959.
26. REGISTRAR'S SIGNATURE Mrs. Eunice Bush

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, ~~xxx~~ by on Jan 2nd 1959, Student Embalmer No. .....

working under my personal supervision.

C. W. Hopkins

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. I487

Montgomery City Mo
P. O. Address .....

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.