

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005734  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 314

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Ohio</u> b. COUNTY <u>Hamilton</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>              |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Cincinnati</u> <u>8348</u>                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Research Hosp.</u> |  | Length of stay in lb<br><u>2 weeks</u>  | d. STREET ADDRESS (If outside, give location)<br><u>4403 Columbia Pkwy</u> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                |  |   |  |

|  |   |
|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>ELLA</u><br>Middle <u>R.</u><br>Last <u>MAHAFFEY</u> | 4. DATE OF DEATH<br>Month <u>1</u><br>Day <u>17</u><br>Year <u>59</u> |
|--|---|

|                  |                            |  |                                   |   |  |  |
|------------------|----------------------------|--|-----------------------------------|---|--|--|
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-28-1909</u> | 9. AGE (In years last birthday) <u>47</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|------------------|----------------------------|--|-----------------------------------|---|--|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>XX</u> | 11. BIRTHPLACE (City and state or country)<br><u>Cincinnati, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|---|--|---|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><u>Bernard Schwietert</u> | 13b. MOTHER'S MAIDEN NAME<br><u>No Record</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Alfred Mahaffey</u> |
|---|---|---|

|   |   |   |
|---|---|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name or dates of service)<br><u>Yes W.W.#2</u> | 16. SOCIAL SECURITY NO.<br><u>287-10-4479</u> | 17. INFORMANT Address<br><u>Alfred Mahaffey, Cincinnati, Ohio</u> |
|---|---|---|

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Ruptured Aneurysm of aorta + descending aorta</u> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. }<br>DUE TO (b) _____<br>DUE TO (c) <u>arteriosclerotic</u>                                |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |

|   |  |
|---|--|
| 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<br>Hour _____ a.m. _____ p.m. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>Cincinnati</u> | COUNTY _____ STATE _____ |
|---|--|---|--------------------------|

|  |  |   |                          |
|--|--|---|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <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<br><u>Cincinnati</u> | COUNTY _____ STATE _____ |
|--|--|---|--------------------------|

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
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<br><u>Geo. C. Kealhofer, Jr. Deputy Coroner</u> | (Degree or title) | 22b. ADDRESS<br><u>6627 Pleasant St Cincinnati</u> | 22c. DATE SIGNED<br><u>1-17-59</u> |
|--|-------------------|--|------------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>1-18-59</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Westley Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Cincinnati, Ohio</u> |
|---|-----------------------------|---|--|

|   |               |  |   |
|---|---------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>Wagner Funeral Home, K to Mo</u> | ADDRESS _____ | 25. DATE RECD. BY LOCAL REG.<br><u>1-17-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>neva minihall</u> |
|---|---------------|--|---|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-57

MEDICAL CERTIFICATION

Geo. C. Kealhofer

All diseases in Part I must be causally related.

1.8.16-2-9187

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 Alvin R. Haunsche

Licensed Embalmer No. 4159  
P. O. Address H. C. 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.