

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000626

FILED VS. JAN 22 1960 387

Primary Registration District No. 5208

Registrar's No. 1

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale RFD		Length of stay in lb 70 years		c. CITY OR TOWN Hale, RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S/E Hale 4 Miles			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 Miles S/E		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CHARLEY Middle HENRY Last MAHONEY				4. DATE OF DEATH Month January Day 15 Year 1960					
5. SEX M	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/28/89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 4 Days 17	IF UNDER 24 HR Hours 17 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Livestock		11. BIRTHPLACE (City and state or country) Hale, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Henry Mahoney			13b. MOTHER'S MAIDEN NAME Anna Halbauer			14. NAME OF HUSBAND OR WIFE Anna Milhollin			
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. none		17. INFORMANT Address Mrs Rufus Frizzell, Chillicothe, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned to Death. 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) Man hurried to death in his home PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH		
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year							
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 4 mi S.E. of Hale.		COUNTY Carroll		STATE Mo	
21. I attended the deceased from 1-15-60 to 1-15-60 and last saw her alive on _____ Death occurred at 7:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R.M. Marshall, Coroner					22b. ADDRESS Carrollton, Mo		22c. DATE SIGNED 1-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/17/1960	23c. NAME OF CEMETERY OR CREMATORY Hale cemetery			23d. LOCATION (City, town, or county) Hale, Missouri			(State)	
24. FUNERAL DIRECTOR Clifford W. Austin, Tna, Missouri.				25. DATE RECD. BY LOCAL REG. Jan. 16, 1960		26. REGISTRAR'S SIGNATURE Mrs. Rex Henderson			

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 Clifford W. Austin
Clifford W. Austin
Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.