

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0022619

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 56

JL FILED 14 64

VS 300
Rev. 4/59
1 0331
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b 8 Hrs	c. CITY OR TOWN Salem Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Hwy 68 North Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) DONAHUE A. MAHER			4. DATE OF DEATH Month July Day 9 Year 1964
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/20/1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Bunker Hill, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Michael Maher		13b. MOTHER'S MAIDEN NAME Mary Donahue	
14. NAME OF HUSBAND OR WIFE Ida Maher		17. INFORMANT Ida Maher, Salem, Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service Yes W.W.I		16. SOCIAL SECURITY NO. Unknown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 12 hours
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)			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 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 COUNTY STATE	
21. I attended the deceased from July 9, 1964 to July 9, 1964 and last saw him ^{her} alive on July 9, 1964 Death occurred at 10:20 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Martha Maher MD</i> (Degree or title)		22b. ADDRESS Salem, Missouri	22c. DATE SIGNED 7/10/64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 12, 1964	23c. NAME OF CEMETERY OR CREMATORY North Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Salem, Missouri
24. FUNERAL DIRECTOR Spencer Funeral Home, Salem, Mo.		25. DATE RECD. BY LOCAL REG. 7/10/64	26. REGISTRAR'S SIGNATURE <i>M. M. Hart M.D. am</i>

USE BLACK INK OR TYPEWRITER RIBBON

RECEIVED

JUL 22 1964

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 Stephen E. Allison

Licensed Embalmer No. 5781

P. O. Address Selem 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.