

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4468**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 84

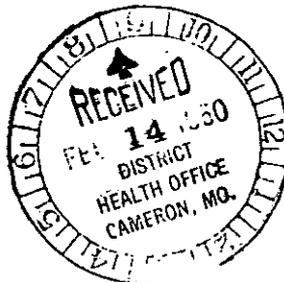
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>701 North Hundley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 North Hundley</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Leah</u> c. (Last) <u>Maherly</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 - 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 23 - 1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	
11. BIRTHPLACE (State or foreign country) <u>Gentry co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Samford Maherly</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Hawery</u>	
14. NAME OF HUSBAND OR WIFE <u>Eda Jane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. S. Maherly</u>		ADDRESS <u>Albany, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Albany, Gentry, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>25</u> , 19 <u>50</u> , to <u>2-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-5</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank H. Rose M.D.</u> (Degree or title)		23b. ADDRESS <u>Albany, Mo</u>	
23c. DATE SIGNED <u>2-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>		24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9 - 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childs</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Childs</u>		ADDRESS <u>Albany Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

0381

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1950



Handwritten notes, possibly: "I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____"

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 _____
Student Embalmer

Signed *Clifford Burk*

Licensed Embalmer No. *3329*

P. O. Address *Albany 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 this body is not embalmed, fact should be so stated above.