

STANDARD CERTIFICATE OF DEATH

6627

State File No.

FILED FEB 28 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 38

0512

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg Mo.</u>	
c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>415 Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>415 Main St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Blondy</u> b. (Middle) <u>Hall</u> c. (Last) <u>Lahey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1953</u>		
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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>July 13 1891</u>		9. AGE (In years) <u>62</u>		IF UNDER 1 YEAR		IF UNDER 10 HRS.	
										Months		Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dray and Transfer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cedar Co., Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>Jonathan T. Lahey</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Nay Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Lee Lahey</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-36-1854</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Lahey, 415 Main St. Warrensburg</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>						<u>3 years</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>5 years</u>	
		DUE TO (b) <u>Generalized Arteriosclerosis</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<u>443X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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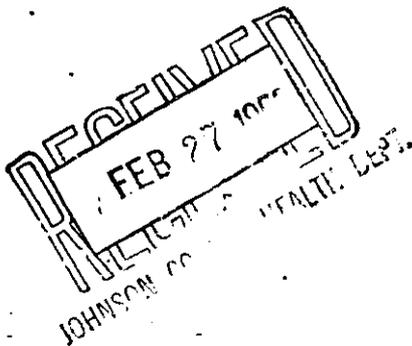
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug 25, 1946, to Feb. 18, 1953, that I last saw the deceased alive on Feb. 17, 1953, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warrensburg Mo.</u>		23c. DATE SIGNED <u>2-20-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 20, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u> ADDRESS <u>Warrensburg, Mo.</u>	
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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.....
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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. Earl Priest*.....

Licensed Embalmer No. *3878*.....

P. O. Address *Warrensburg 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.