

No. 300  
10:48

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11918

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Can't copy 5-31-49  
A.C.S. 10/10/49

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackwater</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>Rural.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Percy</u>		b. (Middle) <u>B.</u>	
c. (Last) <u>McMahan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20<sup>th</sup> 1949</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>December 18 1885</u>
9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Highway Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Jesse T. McMahan</u>	
13b. MOTHER'S MAIDEN NAME <u>Carrie DeHaven</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Sites McMahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Percy B. McMahan</u>		ADDRESS <u>Blackwater, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension - arteriosclerotic heart disease</u>		? years	
DUE TO (c) _____		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" 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) _____	
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>9-11, 1949</u> , to <u>4-20, 1949</u> , that I last saw the deceased alive on <u>4-20, 49</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>B. M. Stuart, M.D.</u> (Degree or title)		23b. ADDRESS <u>325 main st, Boonville, Mo. 4-83-45</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 23<sup>rd</sup> 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Lamine Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri</u>		DATE REC'D BY LOCAL REG. <u>April 25-49</u>	
REGISTRAR'S SIGNATURE <u>D. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>381</u> ADDRESS <u>Goodman &amp; Boller, Boonville, Mo.</u>	

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 5-11-49

MAY 18 1949

**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.

Signed \_\_\_\_\_  
Student Embalmer \_\_\_\_\_  
Licensed Embalmer No. 4539  
P. O. Address Bonville, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }  
County of Cooper } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 11918

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 47

On this 26th day of May, 1949, before me appears  
Dr. B. M. Stuart, who, upon his oath, states that the original record of <sup>birth</sup> death  
for Percy B. McMahan <sup>died</sup> April 22, 1949, in the State of  
Missouri, and which was filed at Boonville, Mo. <sup>born</sup> on April 25, 1949, should be corrected as follows:

Item No. 4 should read April 20, 1949

Instead of April 22, 1949

Item No. 22 should read From September 11, 1949 to April 20, 1949

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant B. M. Stuart, M.D. Physician  
Relationship.

329 main st, Boonville, Mo.  
Present Address.

Subscribed and sworn to before me this 26th day of May, 1949

My Commission expires 8-31-52 Estelle Lawrence Notary Public.

MAY 21 1949