

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5698

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4407 Registrar's No. 89

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, write RURAL and give township) LaMonte
 c. LENGTH OF STAY (In this place) 38 yr
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Pettis
 c. CITY (If outside corporate limits, write RURAL and give township) LaMonte
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
 a. (First) Henry
 b. (Middle) Madison
 c. (Last) Mahin
 4. DATE OF DEATH (Month) (Day) (Year) 3 8 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 25 1881
9. AGE (In years last birthday) 68
 If UNDER 1 YEAR: Months 6 Days 11
 If UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Fayette Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Mahin
13b. MOTHER'S MAIDEN NAME McKee
14. NAME OF HUSBAND OR WIFE Mary Glazebrook

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'S SIGNATURE OR NAME Lloyd Mahin
ADDRESS LaMonte Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchial Pneumonia
(Hypostatic)
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS*
 Conditions contributing to the death but not related to the disease or condition causing death. Chr Valvular Disease

INTERVAL BETWEEN ONSET AND DEATH 49 1/2

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES NO

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) LaMonte Pettis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan 15, 1950, to Mar 8, 1950, that I last saw the deceased alive on Mar 8, 1950, and that death occurred at 2:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. W. Givens D.M.A.
23b. ADDRESS Knobnoster Mo.
23c. DATE SIGNED Mar 9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-10-50
24c. NAME OF CEMETERY OR CREMATORY Knobnoster
24d. LOCATION (City, town, or county) (State) Knobnoster Mo.

DATE REC'D BY LOCAL REG. 3-10-50
REGISTRAR'S SIGNATURE A. J. Campbell M.D.
FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore
ADDRESS LaMonte Mo.

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

0800
 1

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.